

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078404

FILED  
Apr 06, 2008  
Secretary of State

Entity Name: COASTAL SERVICES CARE INC.

## Current Principal Place of Business:

2400 E. LAS OLAS BLVD.  
SUITE 355  
FT. LAUDERDALE, FL 33301

## Current Mailing Address:

2400 E. LAS OLAS BLVD.  
SUITE 355  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

401 E. LAS OLAS BLVD.  
SUITE 130-355  
FT. LAUDERDALE, FL 33301

## New Mailing Address:

401 E. LAS OLAS BLVD.  
SUITE 130-355  
FT. LAUDERDALE, FL 33301

FEI Number: 59-3796261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, MAL E  
2400 E. LAS OLAS BLVD.  
SUITE 355  
FT. LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

JONES, MAL E  
401 E. LAS OLAS BLVD.  
SUITE 130-355  
FT. LAUDERDALE, FL 33301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAL E JONES

04/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JONES, MAL E  
Address: 2400 E. LAS OLAS BLVD. SUITE 355  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DIR ( ) Delete  
Name: JONES, SHERRY M  
Address: 2400 E. LAS OLAS BLVD. SUITE 355  
City-St-Zip: FT. LAUDERDALE, FL 33301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JONES, MAL E  
Address: 401 E. LAS OLAS BLVD. SUITE 130-355  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DIR (X) Change ( ) Addition  
Name: JONES, SHERRY M  
Address: 401 E. LAS OLAS BLVD. SUITE 130-355  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY M JONES

DIR

04/06/2008

Electronic Signature of Signing Officer or Director

Date