2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P04000089157

Entity Name: COASTAL MEDICAL RECEIVABLES, INC.

Current Principal Place of Business:

750 E. SAMPLE ROAD
BUILDING 2 SUITE #205
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

750 E. SAMPLE ROAD
BUILDING 3 BAY 4
POMPANO BEACH, FL 33064 US

Current Mailing Address:

750 E. SAMPLE ROAD
BUILDING 2 SUITE #205
POMPANO BEACH, FL 33064 US

New Mailing Address:

750 E. SAMPLE ROAD
BUILDING 3 BAY 4
POMPANO BEACH, FL 33064 US

FEI Number: 02-0724303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BECHERT, CHARLES H III
750 E. SAMPLE ROAD
BUILDING 2 SUITE 103
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BECHERT, CHARLES H III
Address: 750 E. SAMPLE ROAD BUILDING #2 SUITE 103
City-St-Zip: POMPANO BEACH, FL 33064

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: MARGOTTA, TAMMIE
Address: 750 E SAMPLE ROAD BLDG 3 BAY 4
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP ( ) Change (X) Addition
Name: ELKIN, JEFFREY
Address: 750 E SAMPLE ROAD BLDG 3 BAY 4
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFFREY ELKIN VP 06/30/2005
Electronic Signature of Signing Officer or Director Date