

P04000089157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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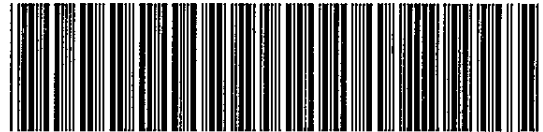
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA Change

G. Ouellette DEC 28 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COASTAL MEDICAL RECEIVABLES, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000089157

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey ELKIN
(Name of Contact Person)

COASTAL MEDICAL RECEIVABLES, INC
(Firm/Company)

750 E. Sample Road Bldg 3 Bay 4
(Address)

Pompano Beach, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey ELKIN at (954) 785-8800 x201
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COASTAL MEDICAL RECEIVABLES INC
2. The principal office address: 750 E. Sample Road Bldg 3 Bay 4
Pompano Beach, FL 33064
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 6/8/2004 Document number: PD4000089157

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Becher T, Charles H III
750 E Sample Road Bldg 2 Suite 103
Pompano Beach, FL 33064

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jeffrey E. KIN
750 E. Sample Road Bldg 3 Bay 4
(P.O. Box NOT acceptable)
Pompano Beach, FL 33064

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

T. Margotta
(Signature of an officer or director)

Tammie Margotta
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Jeffrey E. KIN
(Signature of Registered Agent)

11/8/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***