2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008
Secretary of State

DOCUMENT# P05000034918

Entity Name: COASTAL MEDICAL SUPPLY, INC.

Current Principal Place of Business:

4110 CENTER POINTE DRIVE
SUITE 217
FORT MYERS, FL 33916 US

New Principal Place of Business:

12940 EXPRESS COUR
SUITE 5
FORT MYERS, FL 33913 US

Current Mailing Address:

4110 CENTER POINTE DRIVE
SUITE 217
FT. MYERS, FL 33916

New Mailing Address:

12940 EXPRESS COUR
SUITE 5
FORT MYERS, FL 33913 US

FEI Number: 20-2465813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAL ADAMS, P.A.
1642 MEDICAL LANE
SUITE A
FT. MYERS, FL 33907 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MCEWEN, GEORGE B III
Address: 2997 BATEMAN ROAD
City-St-Zip: ALVA, FL 33920

Title: SEC ( ) Delete
Name: BOMBADIERE, JOSEPH A
Address: 11135 RIVER TRENT COURT
City-St-Zip: LEHIGH, FL 33971 US

Title: TREA ( ) Delete
Name: BOMBARDIERE, JOSEPH A
Address: 11135 RIVER TRENT COURT
City-St-Zip: LEHIGH, FL 33971

Title: DIR ( ) Delete
Name: MCEWEN, GEORGE B III
Address: 2997 BATEMAN ROAD
City-St-Zip: ALVA, FL 33920

Title: DIR ( ) Delete
Name: BOMBARDIERE, JOSEPH A
Address: 11135 RIVER TRENT COURT
City-St-Zip: LEHIGH, FL 33971

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOSEPH A BOMBARDIERE V.P. 08/27/2008

Electronic Signature of Signing Officer or Director Date