

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90001 003 ***150.00

40096634

DOCUMENT # P05000090727 1. Entity Name COASTAL HAND THERAPY AND REHABILITATION, INC.					
Principal Place of Business 3724 CATHEDRAL OAKS PLACE NORTH JACKSONVILLE, FL 32217			Mailing Address 3724 CATHEDRAL OAKS PLACE NORTH JACKSONVILLE, FL 32217		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05242006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-3024420				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEDLIN, PAUL A 3724 CATHEDRAL OAKS PLACE NORTH JACKSONVILLE, FL 32217				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLIN, PAUL A 3724 CATHEDRAL OAKS PLACE NORTH JACKSONVILLE, FL 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other I am empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 6/19/06 Daytime Phone #: 904 318-8818		