2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2010
Secretary of State

DOCUMENT# P05000121016

Entity Name: COASTAL HOME HEALTH SERVICES, INC.

Current Principal Place of Business:

901 S.W. MARTIN DOWNS BLVD.
SUITE 313
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

901 S.W. MARTIN DOWNS BLVD.
SUITE 313
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 20-3399473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDRED, CYNTHIA E
4182 ST. LUCIE LANE
PALM CITY, FL 34990 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

OFFICERS AND DIRECTORS:

Title: P
Name: ELDRED, CYNTHIA E
Address: 4182 ST. LUCIE LANE
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: CYNTHIA ELDRED PRES 06/30/2010

Electronic Signature of Signing Officer or Director — Date