

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000149919

FILED  
May 08, 2007  
Secretary of State

**Entity Name:** COASTAL MEDICAL BILLING SOLUTIONS, INC.

**Current Principal Place of Business:**

226-5 SOLANA RD., #174  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

226-5 SOLANA RD., #174  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 20-5988540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

IRVINE, CARLENE  
103 GRANADA LANE  
PONTE VEDRA BEACH, FL 32082 US

**Name and Address of New Registered Agent:**

IRVINE, CARLENE  
611 PONTE VEDRA LAKES BLVD #2405  
PONTE VEDRA BEACH, FL 32082 US

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

05/08/2007

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: DP ( ) Delete  
Name: IRVINE, CARLENE  
Address: 103 GRANADA LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: IRVINE, CARLENE  
Address: 611 PONTE VEDRA LAKES BLVD #2405  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: CARLENE B. IRVINE

DP

05/08/2007

Electronic Signature of Signing Officer or Director

Date