2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # P07000069164 1. Entity Name COASTAL REHAB SERVICES, INC.					Ļ			
Principal Place of Business 114 OAK SHORES DRIVE NICEVILLE, FL 32578 US		Mailing Address 114 OAK SHORES DRIVE NICEVILLE, FL 32578 US			1 (Ru ir u ni 34	 	N ABKIR AKKI INISI KINI BIKK BIKK	rical il ical
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02292008	Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe	- 130908	12 AF	plied For	
Zip	Country	Zip	Country			of Status Desired	\$8.75 Add Fee Require	itional
	6. Name and Address of Curren	Registered Agent		T	7. Name and	Address of New R	egistered Agent	
				Name .				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Street Address (P.O. Box Number is Not Acceptable)					
<u>.</u>			City			FL Zip Cod	0	
The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.				Led office or registe	red agent, or bot	h, in the State of Flo		and accept
SIGNATURE.	ions orregistered agent.	•					•	
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Conf			.00 May Be led to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	DPST	Delete	TITLE	E			☐ Change	☐ Addition
NAME	BUONGIORNE, SHARON M		NAM	F 1				
STREET ADDRESS	114 OAK SHORES DRIVE			- 1				
CITY-ST-ZIP				ET ADDRESS				
	NICEVILLE, FL 32578			- 1				
TITLE	NICEVILLE, FL 32576	☐ Delete	CITY	ET ADDRESS -ST-ZIP			☐ Change	☐ Addition
NAME	NICEVILLE, FL 32378	☐ Delete	CITY TITLE NAM	ET ADDRESS -ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	NICEVILLE, FL 32370	☐ Delete	CITY TITLE NAM STRE	ET ADDRESS -ST-ZIP E E ET ADDRESS			☐ Change	Addition
NAME	NICEVILLE, FL 32376	☐ Delete	CITY TITLE NAM STRE	EET ADDRESS - ST - ZIP E E - ST - ZIP			☐ Change	Addition
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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 early; 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 like empowered. 850)

Sharon Buongiorne