2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# P08000096453

Entity Name: COASTAL CARE HOME MEDICAL, INC.

Current Principal Place of Business:

1055 N. DIXIE FREEWAY
SUITE 7
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

1055 N. DIXIE FREEWAY
SUITE 7
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 26-3654870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, KEVIN C
388 GILSTON COURT
HEATHROW, FL 32746 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: WILLIAMS, RYAN C
Address: 1519 FERENDINA DR.
City-St-Zip: DELTONA, FL 32725 US

Title: CEO
Name: WILLIAMS, KEVIN C
Address: 388 GILSTON COURT
City-St-Zip: HEATHROW, FL 32746 US

Title: VP
Name: WILLIAMS, KATIE D
Address: 1519 FERENDINA DR
City-St-Zip: DELTONA, FL 32725

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: KEVIN WILLIAMS CEO 04/30/2011

Electronic Signature of Signing Officer or Director Date