

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000086510

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** COAST TO COAST HEALTHCARE MANAGEMENT, INC.

**Current Principal Place of Business:**

286 N.E. 39TH STREET  
MIAMI, FL 33137

**New Principal Place of Business:**

328 E HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

286 N.E. 39TH STREET  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 27-1171818      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOLDSTEIN, DAVID M  
286 N.E. 39TH STREET  
MIAMI, FL 33137      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** CASANOVA, RENE  
**Address:** 2924 SW 94TH CT  
**City-St-Zip:** MIAMI, FL 33165

**Title:** MGR  
**Name:** BURY, BRANDON  
**Address:** 286 N.E. 39TH STREET  
**City-St-Zip:** MIAMI, FL 33137

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:** BRANDON BURY

MGR

03/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date