2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2012
Secretary of State

DOCUMENT# P11000052964

Entity Name: COASTAL MEDICAL DEVICES, INC.

Current Principal Place of Business:

935 MAIN STREET
B-2
SAFETY HARBOR, FL 34695 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1132
PALM HARBOR, FL 34683 US

New Mailing Address:

FEI Number: 45-2465229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORSATTI, CHAD T ESQ.
3204 ALTERNATE 19 NORTH
PALM HARBOR, FL 34683 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: SMITH, GARY
Address: POST OFFICE BOX 1132
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP
Name: BROWN, DONALD
Address: POST OFFICE BOX 1132
City-St-Zip: PALM HARBOR, FL 34683 US

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: GARY SMITH P 04/26/2012

Electronic Signature of Signing Officer or Director Date