

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000073591

FILED
Feb 10, 2012
Secretary of State

Entity Name: COASTAL MEDICAL EQUIPMENT INC.

Current Principal Place of Business:

401 COMMERCE WAY
UNIT 101
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 521789
LONGWOOD, FL 32752

New Mailing Address:

FEI Number: 80-0749433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, RONALD
401 COMMERCE WAY
UNIT 101
LONGWOOD, FL 32750 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: PRES
Name: JENKINS, RONALD
Address: 401 COMMERCE WAY UNIT 101
City-St-Zip: LONGWOOD, FL 32750

Title: VP
Name: MAMANGAKIS, STEVE
Address: 401 COMMERCE WAY UNIT 101
City-St-Zip: LONGWOOD, FL 32750

Title: TRES
Name: WOLF, GISELLE
Address: 401 COMMERCE WAY UNIT 101
City-St-Zip: LONGWOOD, FL 32750

Title: SEC
Name: HALE, LISA
Address: 401 COMMERCE WAY UNIT 101
City-St-Zip: LONGWOOD, FL 32750

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: RONALD JENKINS

PRES

02/10/2012

Electronic Signature of Signing Officer or Director

Date