## **2003 FOR PROFIT CORPORATION**

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DOCU	<b>IMENT</b>	# P9200	00011684		23		Secretai	•		,
1. Entity Nar							04-21-2003 90	343 023 ***15	50.00	•
COAST F	HOME ME	EDICAL, INC.								
					15.	1100				
Principal Plac		s	Mailing Address	,						
5621 BANNER DR. 5621 BANNER DR. FORT MYERS FL 33912 FORT MYERS FL 33912						Ì				
US	1 1 50012		US				4 (CONTRACTOR DE 1801) 1801 - 1801 - 1801	BANK BALDI MAGA MALE A		
										. •
2. Principal Place of Business 3314 Harbor Blvd 3314 Harbor						1	i :mattast tim tatim tintt muttt nutri	anis bridi 1:001   1010 0	11	
Suite, Apt. #, etc. Suite, Apt. #, etc.					01 20104		☐ CHECK HERE IF MAKING CHANGES			
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Port C	harla	He	Port Char	. /	' 	4.	FEI Number <b>65-0375084</b>	_	Applied For Not Applicable	
		Country			JSA		Carliff and Carling Desired	<b>\$8.75</b>	Additional	٦
337		USA	33952	$\perp$	13/4		Certificate of Status Desired	Fee Req		_
	6. Name	and Address of Curren	t Registered Agent		Name	7.	Name and Address of New Re	gistered Agent	<del></del>	$\dashv$
VETTER, I	LARRY C				<u> </u>			<u></u>		
	VONWOOD	CIR			Street A	ddress (P.O.	Box Number is Not Acceptable)		_	
FT MYERS	S FL 33912							<u> </u>		
:					City	~		FL Zip C	Code	1
9 The above	a namod sotit	y submite this etatement f	or the purpose of changing i	ito rocietor	rod office or	registered a	gent, or both, in the State of Flori	<u>-</u>	ith and anno	_
	tions of regis		or the purpose of changing t	ita register	ed office of	registered a	gent, or both, in the state of Flori	ua. ram lammar w	im, and accep-	`
SIGNATURE										$\left\{ \right.$
OIGHATORIE	Signature, typed	or printed name of registered agent	t and title if applicable. (NO	OTE: Registere	ed Agent signatu	re required when	reinstating)	DATE		-1
		!! FEE IS \$150.00					9. Election Campaign Fina	ncina <b>¢</b> s	5 00 v	
		03 Fee will be \$550.00 o Florida Department o					Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.	K Payable II	OFFICERS AND		11.			DDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	OPS IN 11	_
TITLE	D .	OF TIGETIO AINE	Delete	TITL			DDITIONS/CHANGES TO OFFIC	Change		<u></u>
NAME	VETTER, L		_ ******	NAM	AE .	i				10
STREET ADDRESS CITY-ST-ZIP	19481 DE	VONWOOD CIR			eet address /-st-zip					3
	FI MILERS	) FL								E 50/04/ 40/00/
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STREET ADDRESS				STRE	eet address	207 6	ovella Ln			
CITY-ST-ZIP	<u></u>	<u> </u>		CITY	'-ST-ZIP		omis, Fl 34295			
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name Street address				NAM Stre	eet address		P. Hagan Fall brook Dr.			
CITY-ST-ZIP					-ST-ZIP		e , F/ 3429a			
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NAME Street address				NAMI STRE	ET ADDRESS					}
CITY-ST-ZIP					-ST-ZIP					
12. I hereby	certify that the	e information supplied with	h this filing does not qualify f	or the exe	mption stat	ed in Section	119.07(3)(i), Florida Statutes. I f	urther certify that th	e information	7
of the cor	rporation or th	ne receiver or trustee emp	owered to execute this repo	rt as requii	red by Cha	pter 607, Flor	legal effect as if made under oa ida Statutes; and that my name a	ur, macram an omo appears in Block 10	Jer or offector Jor Block 11 if	
unanged,	, or orran alla	activities of will all and anytogens.	mici ali yanyi like empowere	u.						- 1

**SIGNATURE:**