**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000070889 (8)**

1. Corporation Name

**COASTAL INFUSION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6962 ALOMA VE.<br>WINTER PARK FL 32792<br>US | 6962 ALOMA AVE.<br>WINTER PARK FL 33792<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 09/27/1994 | 03/09/1995 |

4. FEI Number: **59-3270144** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SPIVEY, LISA E**
**6962 ALOMA AVENUE**
**WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name: MIKEL B. TUTEN
82 Street Address (P.O. Box Number is Not Acceptable): 6962 ALOMA AVENUE
83
84 City: WINTER PARK **FL** 85 Zip Code: 32792

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: MIKEL B. TUTEN, PRESIDENT 4/3/96
Signature of New Registered Agent (if changing) — DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| 1 TITLE | PSTD | ☐ DELETE | 1 TITLE | P/D | ☐ Change ☑ Addition |
| 1 NAME | SPIVEY, LISA | | 1 NAME | MIKEL B. TUTEN | |
| 1 STREET ADDRESS | 6962 ALOMA PARK | | 1 STREET ADDRESS | 6962 ALOMA AVENUE | |
| 1 CITY-ST-ZIP | WINTER PARK FL 32792 | | 1 CITY-ST-ZIP | WINTER PARK, FL 32792 | |
| 2 TITLE | | ☐ DELETE | 2 TITLE | V/S/T/D | ☑ Change ☐ Addition |
| 2 NAME | | | 2 NAME | LISA E. SPIVEY | |
| 2 STREET ADDRESS | | | 2 STREET ADDRESS | 6962 ALOMA AVENUE | |
| 2 CITY-ST-ZIP | | | 2 CITY-ST-ZIP | WINTER PARK, FL 32792 | |
| 3 TITLE | | ☐ DELETE | 3 TITLE | V/D | ☐ Change ☑ Addition |
| 3 NAME | | | 3 NAME | CLIFFORD D. BYRON | |
| 3 STREET ADDRESS | | | 3 STREET ADDRESS | 532 S. LONGVIEW PLACE | |
| 3 CITY-ST-ZIP | | | 3 CITY-ST-ZIP | LONGWOOD, FL 32779 | |
| 4 TITLE | | ☐ DELETE | 4 TITLE | | ☐ Change ☐ Addition |
| 4 NAME | | | 4 NAME | | |
| 4 STREET ADDRESS | | | 4 STREET ADDRESS | | |
| 4 CITY-ST-ZIP | | | 4 CITY-ST-ZIP | | |
| 5 TITLE | | ☐ DELETE | 5 TITLE | | ☐ Change ☐ Addition |
| 5 NAME | | | 5 NAME | | |
| 5 STREET ADDRESS | | | 5 STREET ADDRESS | | |
| 5 CITY-ST-ZIP | | | 5 CITY-ST-ZIP | | |
| 6 TITLE | | ☐ DELETE | 6 TITLE | | ☐ Change ☐ Addition |
| 6 NAME | | | 6 NAME | | |
| 6 STREET ADDRESS | | | 6 STREET ADDRESS | | |
| 6 CITY-ST-ZIP | | | 6 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true and accurate and that my 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 in Block 12 or Block 13 if changed or added above.

**SIGNATURE:** LISA E. SPIVEY, V/S/T/D 4/3/96 407-671-5936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number