

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000104592

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** COASTAL CARE MEDICAL CENTER, INC.

**Current Principal Place of Business:**

10909 ATLANTIC BOULEVARD  
SUITE 9  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

10909 ATLANTIC BOULEVARD  
SUITE 9  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 59-3489059

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLER, CLINT D  
5353 DIXIE LANDING DR  
JACKSONVILLE, FL 32224 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: PST  
Name: MILLER, CLINT  
Address: 5353 DIXIE LANDING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

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: CLINT MILLER

PST

04/13/2011

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

\_\_\_\_\_ Date