

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90359 018 ***150.00

DOCUMENT # P98000094703

1. Entity Name

COASTAL CARE MEDICAL SUPPLY, INC.

Principal Place of Business

**5823 SW 21ST STREET
 HOLLYWOOD FL 33023
 US**

Mailing Address

**5823 SW 21ST STREET
 HOLLYWOOD FL 33023
 US**

2. Principal Place of Business

1405 POINSETTIA DR.

3. Mailing Address

1405 POINSETTIA DRIVE

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

10

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33444

Country

USA

Zip

33444

Country

USA

4. FEI Number

65-0874208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FEDELE, JONATHAN J

**9300 CHELSEA DRIVE NORTH
 PLANTATION FL 34994**

7. Name and Address of New Registered Agent

Name

FEDELE, JONATHAN J.

Street Address (P.O. Box Number is Not Acceptable)

740 MOCKINGBIRD LANE

City

PLANTATION

FL

Zip Code

33324

8. 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

[Signature]

1/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
 NAME **FEDELE, JONATHAN J**
 STREET ADDRESS **9300 CHELSEA DRIVE NORTH**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **V** ☐ Delete
 NAME **MIKO, KYLE W**
 STREET ADDRESS **2350 NE 135TH ST #1109**
 CITY-ST-ZIP **N MIAMI FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **740 MOCKINGBIRD LANE**
 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **533 SW 29 AVENUE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR / PRES.

1/25/02 (561)274-9664

Date

Daytime Phone #

CR2E034 (9/01)