2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094703

Entity Name: COASTAL CARE MEDICAL SUPPLY, INC.

POMPANO BEACH, FL 33076

City-St-Zip:

FILED Mar 14, 2006 Secretary of State

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|---|---|---|-----------|--|-------------------------------|-------------|----------------------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | SETTIA DR | | | 755 NW 17 | AVENUE | | |
| #10 DELRAY BI | EACH, FL 33444 | 4 US | | | EACH, FL | 33445 | US |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| | SETTIA DR | | | 755 NW 17 | AVENUE | | |
| #10 DELRAY BI | EACH, FL 33444 | 4 US | | 106 DELRAY B | EACH, FL | 33445 | US |
| FEI Number: | 65-0874208 I | FEI Number Applied For() | FEI Nun | nber Not Appl | icable () | Certifi | cate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | | | |
| The above in the State | BEACH, FL 334 named entity sub of Florida. | I35 US omits this statement for the | purpose o | f changing i | ts registered | d office or | registered agent, or both, |
| SIGNATUR | | Signature of Registered Ac | aont . | | | | Date |
| Election Cam | | rust Fund Contribution (). | geni | | | | Date |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | DPST () De FEDELE, JONATH/ 701 SW 36 AVENU BOYNTON BEACH | AN J JE | | Title: Name: Address: City-St-Zip: | | ()Change | e()Addition |
| Title: Name: Address: | V () De MIKO, KYLE W 5716 NW 125 TER | | | Title: Name: Address: | V MIKO, KYLE 5716 NW 12 | W | e () Addition |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JONATHAN J FEDELE PRES 03/14/2006

CORAL SPRINGS, FL 33076