

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000094703

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

5809 SW 21 STREET  
HOLLYWOOD, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

755 NW 17 AVENUE  
106  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

**FEI Number:** 65-0874208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEDELE, JONATHAN J  
701 SW 36 AVENUE  
BOYNTON BEACH, FL 33435 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FEDELE, JONATHAN J  
**Address:** 701 SW 36 AVENUE  
**City-St-Zip:** BOYNTON BEACH, FL 33435

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:** JONATHAN FEDELE

P

01/07/2010

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

\_\_\_\_\_  
Date