

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000026027

FILED
Sep 09, 2010
Secretary of State

Entity Name: COASTAL HEALTH SERVICES, INC.

Current Principal Place of Business:

6320 ST AUGUSTINE RD
SUITE 9
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

1031 N. MIAMI BEACH BLVD
N. MIAMI BEACH, FL 33162

New Mailing Address:

6320 ST AUGUSTINE RD
SUITE 9
JACKSONVILLE, FL 32217

FEI Number: 59-3562745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, DONNA M
5703 TUSCANY TERR
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

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: DELANIE CASE, ASST. SEC.

09/09/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS
Name: BUSH, ROBERT D
Address: 6320 ST. AUGUSTINE ROAD, SUITE 9
City-St-Zip: JACKSONVILLE, FL 32217

Title: DVT
Name: RAMSEY, NEIL
Address: 6320 ST. AUGUSTINE ROAD, SUITE 9
City-St-Zip: JACKSONVILLE, FL 32217

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: ROBERT D. BUSH

DPS

09/09/2010

Electronic Signature of Signing Officer or Director

Date