

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026027

**FILED**  
**Feb 18, 2011**  
**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:**

6320 ST AUGUSTINE RD  
SUITE 9  
JACKSONVILLE, FL 32217

**New Mailing Address:**

1515 ORMSBY STATION COURT  
LOUISVILLE, KY 40223

**FEI Number:** 59-3562745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

PRES

02/18/2011

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

\_\_\_\_\_  
Date