

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045373

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** COASTAL WELLNESS CENTERS, INC.

**Current Principal Place of Business:**

10105 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

10000 WEST SAMPLE RD.  
SUITE B  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10105 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

10000 WEST SAMPLE RD.  
SUITE B  
CORAL SPRINGS, FL 33065

FEI Number: 65-0921422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNEIDER, GRANT  
10105 W. SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

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

SCHNEIDER, GRANT  
10000 W. SAMPLE ROAD  
STE. B  
CORAL SPRINGS, FL 33065 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: SCHNEIDER, GRANT OWNER  
Address: 10000 W. SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

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: DR. GRANT SCHNEIDER

OWNE

04/29/2010

Electronic Signature of Signing Officer or Director

Date