2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State
02-26-2002 90152 035 ***150.00

DOCUMENT # S16644

1. Entity Name
COAST MEDICAL, INC.

Principal Place of Business	Mailing Address
24100 TISCO BLVD. BLDG B. #10 PORT CHARLOTTE FL 33980 US	1060 DELACROIX CR NOKOMIS FL 34275 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12461 ANCHORAGE WAY	12461 ANCHORAGE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FISHERS IN	City & State: FISHERS IN
Zip: 46038 Country: USA	Zip: 46038 Country: ~~HAMILTON~~

4. FEI Number 65-0231176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWER, MATT
1060 DELACRIOX CIRCLE
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name: Steve Spangler
Street Address (P.O. Box Number Is Not Acceptable): 333 Miami Ave West
City: ~~Sarasota~~ Venice FL Zip Code 34285

8. 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 [signature] [signature] 1-30-02
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDV BROWER, MATT 1060 DELCROIX CIRCLE NOKOMIS FL	☐ Delete	12461 ANCHORAGE WAY FISHERS IN 46038	☒ Change address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BROWER, ELIZABETH A. 1060 DELACROIX CIRCLE NOKOMIS FL	☐ Delete	12461 ANCHORAGE WAY FISHERS IN 46038	☒ Change address ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRE MATT BROWER 1-30-02 317 576-3320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)