

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V43661

(0)

1. Corporation Name

COASTAL MEDICAL, INC.

Principal Place of Business

1125 N SUMMIT ST
CRESCENT CITY FL 32112

Mailing Address

1125 N SUMMIT ST
CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3134423

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUCHAN, GERARD
508 CENTRAL AVE
CRESCENT CITY FL 32112

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the 4, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
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CITY, ST, ZIP
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CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
FRAZER, NORMA
1125 N SUMMIT ST
CRESCENT CITY FL
DP
HOWARD, KENNETH P
615 COLLEY ROAD
STARKE FL
DV
BUCHAN, GERARD
1001 GRAND RONDO ROAD
CRESCENT CITY FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP
3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP
6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

S/D
FRAZER, NORMA
174 MOONLIGHT DRIVE
WELAKA, FL
P/D
HOWARD KENNETH P
RT 1 BOX699
STARKE, FL
V/D
FLETCHER, WARREN D.
CEDAR COVE RT 309
GEORGETOWN, FL

☒ Change ☐ Addition
☒ Change ☐ Addition
☐ Change ☐ Addition
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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GERARD BUCHAN

4-27-95

(904) 698-2691

SIGNATURE AND TYPE OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

Date

Telephone Area #