

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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**

3. Date Incorporated or Qualified  
**06/11/1992**

3a. Date of Last Report  
**05/01/1995**

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 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**BUCHAN, GERARD  
508 CENTRAL AVE  
CRESCENT CITY FL 32112**

10. Name and Address of New Registered Agent

81 Name  
**JOE H. PICKENS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**222 N. 3RD STREET**

83 City  
**PALATKA**

84 State  
**FL**

85 Zip Code  
**32177-3710**

11. Pursuant to the provisions of Sections 607.0503 and 607.1503, 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

*Joe H. Pickens*

4-29-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRAZER, NORMA</b>	1.2 NAME	
STREET ADDRESS	<b>174 MOONLIGHT DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELAKA FL</b>	1.4 CITY-ST-ZIP	<b>SATSUMA, FL 32189</b>
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, KENNETH P</b>	2.2 NAME	
STREET ADDRESS	<b>RT 1 BOX 699</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STARKE FL</b>	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHAN, GERARD</b>	3.2 NAME	
STREET ADDRESS	<b>1001 GRAND RONDO ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRESCENT CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLETCHER, WARREN D.</b>	4.2 NAME	
STREET ADDRESS	<b>CEDAR COVE RT. 309</b>	4.3 STREET ADDRESS	<b>GEORGETOWN, FL</b>
CITY-ST-ZIP	<b>GEORGETOWN FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 receiver or trustee 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: *Norma J. Frazer* **Norma J. Frazer** 4-25-96 (904) 698 1174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)