

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000027103

**Entity Name:** COASTAL MEDICARE ADVISORS INC

**Current Principal Place of Business:**

21700 HAMMOCK POINT DR  
BOCA RATON, FL 33433

**Current Mailing Address:**

21700 HAMMOCK POINT DR  
BOCA RATON, FL 33433

**FEI Number:** 88-1682616

**Certificate of Status Desired:** No

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

SOUZA, JULIANA  
21700 HAMMOCK POINT DR  
BOCA RATON, FL 33433 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SOUZA, JULIANA  
Address 21700 HAMMOCK POINT DR  
City-State-Zip: BOCA RATON FL 33433

*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:** JULIANA SOUZA

**OWNER/PRESIDENT**

**02/24/2025**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date