

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90389 030 \*\*\*\*70.00

**DOCUMENT # N95000000637**

1. Entity Name  
**COASTAL KIDS HOME HEALTH, INC.**



Principal Place of Business  
**200 SE 19 AVENUE  
POMPANO BEACH FL 33060**

Mailing Address  
**200 SE 19 AVENUE  
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0563002**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, JOYCE T CPA  
289 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE FL 33334**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTS** ☒ Delete  
NAME **STEWART, JOYCE**  
STREET ADDRESS **289 E. OAKLAND PARK BLVD**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **P** ☒ Change ☐ Addition  
NAME **Stewart, Joyce T.**  
STREET ADDRESS **289 E. Oakland Park, Blvd. 33334**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

TITLE **D** ☒ Delete  
NAME **VAN VORST, JOHN**  
STREET ADDRESS **2159 S.E. 9TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **T/S** ☒ Change ☐ Addition  
NAME **Van Vorst, John**  
STREET ADDRESS **6550 N.E. Federal Highway**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **D** ☒ Delete  
NAME **CECIL, MAUREEN F**  
STREET ADDRESS **6230 NW 26TH CT.**  
CITY-ST-ZIP **SUNRISE FL**

TITLE **S** ☒ Change ☐ Addition  
NAME **Cecil, Maureen F**  
STREET ADDRESS **6230 N.W. 26th Court**  
CITY-ST-ZIP **Sunrise, FL 33313**

TITLE **D** ☐ Delete  
NAME **MCGOUGH, WILLIAM**  
STREET ADDRESS **13 ROYAL PALM WAY, #603**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **APPEL, ELAINE**  
STREET ADDRESS **1882 N.W. 97TH AVENUE**  
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **S** ☒ Change ☐ Addition  
NAME **Elaine Appel**  
STREET ADDRESS **1882 N.W. 97th Avenue**  
CITY-ST-ZIP **Plantation, FL 33322**

TITLE **D** ☒ Delete  
NAME **STEWART, ADAM**  
STREET ADDRESS **2015-C LAKE PARK DRIVE**  
CITY-ST-ZIP **SMYRNA GA 30080**

TITLE **D** ☒ Change ☐ Addition  
NAME **Stewart, Adam**  
STREET ADDRESS **482 Springs End Lane**  
CITY-ST-ZIP **Marietta, GA 30068**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**4/10/03 954-943-7336**

CR2E037 (10/02)