

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000637

Entity Name: COASTAL KIDS HOME HEALTH, INC.**Current Principal Place of Business:**114 SE 20TH AVE
POMPANO BEACH, FL 33060**Current Mailing Address:**200 SE 19 AVENUE
POMPANO BEACH, FL 33060**FEI Number:** 65-0563002**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOGAVERO, JACQUI
200 SE 19TH AVE
POMPANO BEACH, FL 33060 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:** JACQUI MOGAVERO

03/27/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name STEWART, JOYCE T
Address 289 E. OAKLAND PARK BLVD
City-State-Zip: FORT LAUDERDALE FL 33334

Title D
Name MCGOUGH, WILLIAM
Address 13 ROYAL PALM WAY # 603
City-State-Zip: BOCA RATON FL 33432

Title D
Name GRIMALDI, MARK
Address 3050 N FEDERAL HIGHWAY
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title D
Name BRONCHICK, KENNETH
Address 1761 WEST HILLSBORO BLVD, SUITE 205
City-State-Zip: DEERFIELD BEACH FL 33442

Title D
Name CONROY, THOMAS
Address 99 SE MIZNER BLVD. PH2
City-State-Zip: BOCA RATON FL 33432

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE STEWART

PRESIDENT

03/27/2013

Electronic Signature of Signing Officer/Director Detail

Date