

**2014 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:** No

**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

01/07/2014

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

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

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

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

*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 T STEWART

**PRESIDENT**

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date