

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000152515

**Entity Name:** COA HOME CARE, LLC

**Current Principal Place of Business:**

131 E. NEW YORK AVENUE  
#216  
DELAND, FL 32724

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC8453159923**

**Current Mailing Address:**

131 E. NEW YORK AVENUE  
#216  
DELAND, FL 32724 US

**FEI Number: 80-0873338**

**Certificate of Status Desired: Yes**

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

KOBERG, MARYELLEN  
KINSEY, VINCENT, PYLE  
150 S. PALMETTO AVENUE #300  
DAYTONA BEACH, FL 32114 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: MARYELLEN KOBERG**

**04/17/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COUNCIL ON AGING OF VOLUSIA COUNTY INC (COA)  
Address PO BOX 671  
City-State-Zip: DAYTONA BEACH FL 32115-0671

Title COA BOARD PAST PRESIDENT  
Name LYNN, DAVID  
Address P. O. BOX 2851  
City-State-Zip: DAYTONA BEACH FL 32120

Title COA BOARD PRESIDENT  
Name MOCK, SHARON  
Address 970 N. HALIFAX DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title COA BOARD TREASURER  
Name TOLLAND, CHRIS  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title CFO  
Name KAROL, TERRI D  
Address 160 N. BEACH ST.  
City-State-Zip: DAYTONA BEACH FL 32114

Title COO  
Name KRALJIC, EVELINE  
Address 160 N. BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title ADMINISTRATOR  
Name MCKEON, MARYLOU  
Address 336 N WOODLAND BLVD  
City-State-Zip: DELAND FL 32720

Title ALTERNATE ADMINISTRATOR  
Name DAVIS, MILISSA  
Address 131 E. NEW YORK AVENUE #216  
City-State-Zip: DELAND FL 32724

**Continues on page 2**

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TERRI D. KAROL**

**CFO**

**04/17/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title COA BOARD TREASURER  
Name KURTZ, DEAN  
Address 1801 W. INTERNATIONAL SPEEDWAY BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114

Title CEO  
Name GURTIS, SARAH  
Address 160 N. BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title COA BOARD SECRETARY  
Name BAILEY, KENT  
Address 303 N. CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32114