

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90247 037 \*\*\*\*61.25

**DOCUMENT # 766843**

1. Entity Name  
**COASTAL CARE CORPORATION**



Principal Place of Business

301 HOSPITAL AVE  
STUART, FL 34994

Mailing Address

PO BOX 9010  
STUART, FL 34995

**DO NOT WRITE IN THIS SPACE**



04032006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2333374**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HARMAN, RICHMOND M.  
301 HOSPITAL AVE  
STUART, FL 34994

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COCORCULLO, L. MARK 301 HOSPITAL AVENUE STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD ROBITAILLE, MARK 301 HOSPITAL AVENUE STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAGLIARENI, JOHN 301 HOSPITAL AVENUE STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD HARMAN, RICHMOND M. 301 HOSPITAL AVE STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIPPER, KAREN 301 HOSPITAL AVENUE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBBINS, HOWARD 301 HOSPITAL AVE STUART, FL 34995

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*RMH* PRO/CO

4/24/2006 772-287-5200

ATTACHMENT

40091064

#766843

766843

COASTAL CARE CORPORATION

ADDITIONAL OFFICERS AND DIRECTORS

D

BARRY, AMY  
301 HOSPITAL AVENUE  
STUART, FL 34994

D

BRINK, ARTHUR  
301 HOSPITAL AVE.  
STUART, FL 34994

D

COTY, MIGUEL  
301 HOSPITAL AVENUE  
STUART, FL 34994