

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90202 031 ****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**

40083144



04032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2007**

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
COCORULLO, 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 #

4/12/2007 772-287-5200

ATTACHMENT
40083144

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