

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90030 015 \*\*\*\*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**



04082008 No Chg-NP

CR2E037 (4/06)

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, 2008**

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, MARK L  
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**

**DO NOT WRITE  
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]* PRO/CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

772-287-5200

Daytime Phone #

· ATTACHMENT

40103736

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