

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766843

FILED
Apr 19, 2010
Secretary of State

Entity Name: COASTAL CARE CORPORATION

Current Principal Place of Business:

301 HOSPITAL AVE
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9010
STUART, FL 34995 US

New Mailing Address:

FEI Number: 59-2333374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LORD, ROB
301 HOSPITAL AVE
STUART, FL 34994 US

Name and Address of New Registered Agent:

LORD, ROBERT L JR
301 HOSPITAL AVE
STUART, FL 34994 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: ROBERT L. LORD, JR

04/19/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD
Name: COCORULLO, L. MARK
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: PCD
Name: ROBITAILLE, MARK E
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: D
Name: BARRY, AMY
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: D
Name: COLLINS, ED
Address: 301 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

Title: VPD
Name: RIPPER, KAREN
Address: 301 HOSPITAL AVENUE
City-St-Zip: STUART, FL 34994 US

Title: DS
Name: ROBBINS, HOWARD MD
Address: 301 HOSPITAL AVE
City-St-Zip: STUART, FL 34994 US

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: MARK E. ROBITAILLE

P

04/19/2010

Electronic Signature of Signing Officer or Director

Date