

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766843

FILED  
Apr 10, 2012  
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:**

200 HOSPITAL AVE  
STUART, FL 34994 US

**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, ROBERT L JR  
301 HOSPITAL AVE  
STUART, FL 34994 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T/D  
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: GRIFFITH, DONNA  
Address: 301 HOSPITAL AVENUE  
City-St-Zip: STUART, FL 34994 US

Title: D/S  
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

CEO

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

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DOCUMENT NUMBER : 766843  
BUSINESS ENTITY NAME COASTAL CARE CORPORATION  
FEI NUMBER 592333374

| TITLE | NAME         | STREET ADDRESS    | CITY    | STATE | ZIP CODE |
|-------|--------------|-------------------|---------|-------|----------|
| D     | Arthur Brink | 200 Hospital Ave. | Sturart | FL    | 34994    |
| D     | Miguel Coty  | 200 Hospital Ave. | Sturart | FL    | 34994    |