FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

131961 B 0592 C

DOCUMENT # N95000000637 (7)

1. Corporation Name

COASTAL KIDS HOME HEALTH, INC.

Principal Place of Business
1940 S.E. 2ND STREET
POMPANO BEACH FL 33060

Mailing Address
1940 S.E. 2ND STREET
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified: 02/09/1995
3a. Date of Last Report:

2. Principal Place of Business — 21 | Suite, Apt #, etc. 22 | City & State 23 | Zip 24 | Country 25
2a. Mailing Address — 26 | Suite, Apt #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: 65-0563002 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BEGGS, WILLIAM F
2929 E. COMMERCIAL BLVD.
PEHTHOUSE A
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	P	☐ DELETE
NAME	BEGGS, WILLIAM	
STREET ADDRESS	2929 E COMMERCIAL PH#A	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	ST	☐ DELETE
NAME	STEWART, JOYCE	
STREET ADDRESS	300 SW 14th Ct.	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	D	☐ DELETE
NAME	CECIL, MAUREEN F.	
STREET ADDRESS	6230 NW 26th Ct	
CITY-ST-ZIP	SUNRISE, FL	
TITLE	D	☐ DELETE
NAME	MCGOUGH, WILLIAM	
STREET ADDRESS	7912 SW 3rd ST	
CITY-ST-ZIP	NORTH LAUDERDALE, FL	
TITLE	D	☐ DELETE
NAME	HOWELL RUBYE	
STREET ADDRESS	1536 N.W. 12 TERR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W F Beggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96
Date

305-943-7638
Daytime Phone #

CR2E037 (12/95)