


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000637</b>	
1. Entity Name <b>COASTAL KIDS HOME HEALTH, INC.</b>	

Principal Place of Business <b>200 SE 19 AVENUE POMPANO BEACH FL 33060</b>	Mailing Address <b>200 SE 19 AVENUE POMPANO BEACH FL 33060</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>65-0563002</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STEWART, JOYCE T CPA 289 EAST OAKLAND PARK BLVD. FORT LAUDERDALE FL 33334</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>STEWART, JOYCE</b> <b>289 E. OAKLAND PARK BLVD</b> <b>FORT LAUDERDALE FL 33334</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>VAN VORST, JOHN</b> <b>6550 N. FEDERAL HWY.</b> <b>FORT LAUDERDALE FL 33308</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>CECIL, MAUREEN F</b> <b>6230 NW 26TH CT.</b> <b>SUNRISE FL 33313</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MCGOUGH, WILLIAM</b> <b>13 ROYAL PALM WAY, #603</b> <b>BOCA RATON FL 33432</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>APPEL, ELAINE</b> <b>1882 N.W. 97TH AVENUE</b> <b>PLANTATION FL 33322</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>STEWART, ADAM</b> <b>482 SPRINGS END LANE</b> <b>MARIETTA GA 30068</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>U000000227790</b> <b>02/14/05-80013-006 70.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/10/05** **954-561-5801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #