


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000000637</b> 1. Entity Name <b>COASTAL KIDS HOME HEALTH, INC.</b>	
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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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01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 Additional Fee Required</b>
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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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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

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

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02/23/06 00009-019 70.00

**DO NOT WRITE  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #