## 2008 NOT-FOR-PROFIT CORPORATION

## Jan 29, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N95000000637 01-29-2008 90025 019 \*\*\*\*70.00 COASTAL KIDS HOME HEALTH, INC. Principal Place of Business Mailing Address 200 SE 19 AVENUE 114 SE 20TH AVE POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Aot, #, etc. 01102008 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 65-0563002 City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Stewart, Joyce T. TERMOTTO, GEORGE DR Street Address (P.O. Box Number is Not Acceptable) **114 SE 20TH AVE** 289 E. Oakland Park Blvd POMPANO BEACH, FL 33060 Zip Code 33334 Fort Lauderdale 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 Stonature, typed or printed name of registered agent and title if applicable. Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Addition TITLE Change TITLE Delete NAME TERMOTTO, GEORGE DR NAME Stewart, Joyce T. 4821 NW 65TH AVE STREET ADDRESS STREET ADDRESS 289 E. Oakland Park Blvd. CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP Fort Lauderdale, FL 33334 Change Addition TITLE Delete TITLE MEYERS, ARTHUR NAME McGough, William STREET ADDRESS STREET ADDRESS 4485 NW 65TH AVE 13 Royal Palm Way, #603 CITY-ST-ZIP CITY ST. 7IP LAUDERHILL, FL 33319 Boca Raton, FL 33432 ☐ Change Addition ☐ Defete TITLE TITLE Colson, Dean NAME NAME STREET ADDRESS STREET ADDRESS 2206 Cypress Bend Dr., #402 CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 33069 ☐ Change Addition TITLE ☐ Detete TITLE NAME NAME Van Vorst, John STREET ADDRESS 6550 N. Federal Highway STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, FL 33308 Change ■ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

FILED

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.

CITY-ST-7IP

CITY-ST-ZIP

T. Struart SIGNATURE: