

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000637

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: COASTAL KIDS HOME HEALTH, INC.

**Current Principal Place of Business:**

114 SE 20TH AVE  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

200 SE 19 AVENUE  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 65-0563002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STEWART, JOYCE T  
289 E OAKLAND PRK BLVD  
FORT LAUDERDALE, FL 33334 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: P ( ) Delete  
Name: STEWART, JOYCE T  
Address: 289 E OAKLAND PRK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D ( ) Delete  
Name: MCGOUGH, WILLIAM  
Address: 13 ROYAL PALM WAY 603  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: COLSON, DEAN  
Address: 2206 CYPRESS BEND DDR 402  
City-St-Zip: POMPANO BEACH, FL 33069

Title: T ( ) Delete  
Name: VAN VORST, JOHN  
Address: 6550 N FEDERAL HWY  
City-St-Zip: FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOYCE STEWART

DIR.

04/21/2009

Electronic Signature of Signing Officer or Director

Date