

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000637

FILED
Jan 06, 2010
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 ()

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

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

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

Title: T
Name: VAN VORST, JOHN
Address: 950 N FEDERAL HWY SUITE 208
City-St-Zip: POMPANO BEACH, FL 33062

Title: D
Name: BRONCHICK, KENNETH
Address: 1761 WEST HILLSBORO BLVD, SUITE 205
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby 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 all other like empowered.

SIGNATURE: JOYCE T. STEWART

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date