

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90018 002 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         |                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P07000103210</b><br>1. Entity Name<br><b>COASTAL HOME HEALTH CARE SERVICES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         |                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                       |  |
| Principal Place of Business<br><b>2200 S. OCEAN LANE<br/>#2808<br/>FT. LAUDERDALE, FL 33316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         |                                                                                                                        | Mailing Address<br><b>2200 S. OCEAN LANE<br/>#2808<br/>FT. LAUDERDALE, FL 33316</b> |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         | 3. Mailing Address                                                                                                     |                                                                                     |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                         | Suite, Apt. #, etc.                                                                                                    |                                                                                     |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         | City & State                                                                                                           |                                                                                     |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country                                                                                                                                                 | Zip                                                                                                                    | Country                                                                             | 4. FEI Number<br><b>38-3764693</b>                                                                                                                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                         |                                                                                                                        |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CATHERINE HITE, P.A.<br/>799 BRICKELL PLAZA<br/>SUITE 700<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                         |                                                                                                                        |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                         |                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                     |                                                                                                                                                                                                                                       |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                         |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                        |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PD<br>OBRIEN TRIOLA, NORA<br>609 SE 10TH STREET<br>POMPANO BEACH, FL 33060 <div style="text-align: right;"><input type="checkbox"/> Delete</div>        |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VPD<br>WALTER, JED D<br>2200 S. OCEAN LANE, APT. 2808<br>FT. LAUDERDALE, FL 33316 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SD<br>DELLAROCCA, ELIZABETH L<br>609 SE 10TH STREET<br>POMPANO BEACH, FL 33060 <div style="text-align: right;"><input type="checkbox"/> Delete</div>    |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TD<br>NOBLEFRANCA, EUSEBIO<br>7482 NW 187TH STREET<br>MIAMI, FL 33015 <div style="text-align: right;"><input type="checkbox"/> Delete</div>             |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                                   |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                                   |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                  | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>                                                                                                                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 607, 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 fee empowered. |                                                                                                                                                         |                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                       |  |
| <b>SIGNATURE:</b> _____ <span style="float: right;"><b>3/24/08</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                         |                                                                                                                        |                                                                                     |                                                                                                                                                                                                                                       |  |