

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000103210

**FILED**  
**May 20, 2008**  
**Secretary of State****Entity Name:** COASTAL HOME HEALTH CARE SERVICES, INC.**Current Principal Place of Business:**2200 S. OCEAN LANE  
#2808  
FT. LAUDERDALE, FL 33316**New Principal Place of Business:****Current Mailing Address:**2200 S. OCEAN LANE  
#2808  
FT. LAUDERDALE, FL 33316**New Mailing Address:****FEI Number:** 38-3764693**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CATHERINE HITE, P.A.  
799 BRICKELL PLAZA  
SUITE 700  
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**WALTER, JED D VPD  
2200 S. OCEAN LANE  
SUITE 2808  
FORT LAUDERDALE, FL 33316 US

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: JED WALTER

05/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OBRIEN TRIOLA, NORA  
Address: 609 SE 10TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: VPD ( ) Delete  
Name: WALTER, JED D  
Address: 2200 S. OCEAN LANE, APT. 2808  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: SD ( ) Delete  
Name: DELLAROCCA, ELIZABETH L  
Address: 609 SE 10TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD ( ) Delete  
Name: NOBLEFRANCA, EUSEBIO  
Address: 7462 NW 167TH STREET  
City-St-Zip: MIAMI, FL 33015

**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JED WALTER

VPD

05/20/2008

Electronic Signature of Signing Officer or Director

Date