2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2010
Secretary of State

DOCUMENT# P07000103210

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:

WALTER, JED D VPD
2200 S. OCEAN LANE
SUITE 2808
FORT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: EUSEBIO NOBLEFRANCA TD 04/01/2010

Electronic Signature of Signing Officer or Director Date