

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
 01-31-2001 90266 017 \*\*\*150.00

**DOCUMENT # P96000030307**

1. Entity Name

**COAST TO COAST HOME MEDICAL, INC.**

Principal Place of Business

**650 ROYAL PALM BEACH BLVD  
 STE 9  
 ROYAL PALM BCH. FL 33411  
 US**

Mailing Address

**650 ROYAL PALM BEACH BLVD  
 STE 9  
 ROYAL PALM BCH. FL 33411  
 US**

2. Principal Place of Business

3. Mailing Address

**12773 Forest Hill Blvd**

**12773 Forest Hill Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 102B**

**Suite 102B**

City & State

City & State

**Wellington FL**

**Wellington FL**

Zip

Country

Zip

Country

**33414**

**USA**

**33414**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POVEROMO, KERI  
 650-09 ROYAL PALM BCH. BLVD.  
 ROYAL PALM BCH. FL 33411**

Name

**Keri Suess**

Street Address (P.O. Box Number is Not Acceptable)

**12773 Forest Hill Boulevard**

**Suite 102B**

City

**Wellington (WPB) FL**

Zip Code

**33414**

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.

SIGNATURE

**Keri Suess (formerly Keri Poveromo.)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/17/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>POVEROMO, KERI</b>	
STREET ADDRESS	<b>650-09 ROYAL PALM BCH. BLVD.</b>	
CITY-ST-ZIP	<b>ROYAL PALM BCH. FL 33411</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Keri Suess</b>	
STREET ADDRESS	<b>12773 Forest Hill Blvd Suite 102B</b>	
CITY-ST-ZIP	<b>Wellington, FL 33414</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Keri Suess (formerly Keri Poveromo.)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/17/01 5617924009**

Date

Daytime Phone #

CR2E034 (10/00)