FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:27

DOCUMENT # 707601 (1)

1. Corporation Name
SUN COAST HOSPITAL, INC.

Principal Place of Business	Mailing Address
2025 INDIAN ROCKS RD. P.O. BOX 2025 LARGO FL 34649-9025	2025 INDIAN ROCKS RD. P.O. BOX 2025 LARGO FL 34649-2025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1964	3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1052802	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLLINS, JEFFREY A
2025 INDIAN ROCKS RD.
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ALBERTUS, MARY JANE	1.2 NAME	T.D. Hawkins	
STREET ADDRESS	5891 CRANBERRY BLVD	1.3 STREET ADDRESS	10658 Seminole Blvd.	
CITY-ST-ZIP	N PORT FL	1.4 CITY-ST-ZIP	Seminole, FL 34648	
TITLE	DS	2.1 TITLE		☒ Change ☐ Addition
NAME	UMBERT, R P	2.2 NAME	UMBERG, RP	
STREET ADDRESS	1875 BELCHER RD N	2.3 STREET ADDRESS	2269 Willowbrook DR.	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	Clearwter, FL 34616	
TITLE	CD	3.1 TITLE	D	☐ Change ☒ Addition
NAME	WALLACE, JAMES H., DR.	3.2 NAME	Gerald W. Dominick	
STREET ADDRESS	14112 JOSEPHINE RD.	3.3 STREET ADDRESS	10265 Ulmerton Rd.,	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, FL 34641	
TITLE	V	4.1 TITLE	D	☐ Change ☒ Addition
NAME	PATTERSON, RUSSELL J DO	4.2 NAME	J. Eric Taylor, Jr., D.O.	
STREET ADDRESS	360 CLEARWATER/LARGO RD	4.3 STREET ADDRESS	2025 Indian Rocks Road	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, JAMES R., DR.	5.2 NAME	Duke L. Mitchell	
STREET ADDRESS	7332 ROSETREE PLACE E.	5.3 STREET ADDRESS	14290 Walsingham Rd.	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	Largo, FL 34644	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PITTMAN, JULIA	6.2 NAME	Chuck Burkett	
STREET ADDRESS	2025 INDIAN ROCKS RD.	6.3 STREET ADDRESS	12395 75th St. N.	
CITY-ST-ZIP	LARGO FL	6.4 CITY-ST-ZIP	Largo, FL 34643	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James H. Wallace, D.O. 2/1/95 (813) 586-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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