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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

707601

(1)

SUN COAST HOSPITAL, INC.

Principal Place	of Business			Mailing Address					II	I BANKA KATAN BANKA B					
Principal Place of Business Mailing Address															
2025 INDIAN ROCKS RD. P.O. BOX 2025 LARGO FL 34649-9025				2025 INDIAN POCKS RD. P.O. BOX 2025											
				LARGO FL 3464	9-2025						r				
				US					3. Date	Incorporated or Qualifie 17/17/1964	ad 3	a. Date of L 02/07			
2. Principal Pla	ace of Busin	ess	2	a. Mailing Addre	ss				4. FEI N		·····		Ar	plied For	
21			26						5	9-1052802				t Applicable	
Suite, Apt. a	#, etc.		<u> </u>	Suite, Apt. #,	etc.				5. Certif	ficate of Status Desired				Additional	
City & State			27	City & State										equired	
23	3		28	¬ '						ion Campaign Financing Fund Contribution	³ \square			May Be to Fees	
Zip		Country	20	Zip		Country	γ				for intangi				
24		25		<u>.</u>	30		*			8. This corporation has liability for intangible to Florida Statutes					
	9. Name	and Address of (Current Reg	istered Agent					10. Nam	e and Address of Ne	w Registe	ered Agent			
					-	81	Ī	Name							
COLLINS	, JEFFREY	ſ A				82	+-	Street Ac	kiress (P.O. Bo	x Number is Not Accep	otable)	-		-	
	DIAN ROCK	(s Rd.					1				,				
LARGO F	FL 34644					83	1								
						84	+	City			·····	85	Zip (Code	
 Pursuant t or register. 	to the provisi ed agent, or	ions of Sections 61 both, in the State of	7.0502 and 6 of Florida. Su	617.1508, Florida ich change was a	Statutes, thuthorized b	ne above- v the corr	na oor	amed corp ration's b	oration submit- pard of director	s this statement for the s. I hereby accept the a	purpose o	of changing int as registe	its reg ered a	jistered office gent. I am	
		ot the obligations o				,								3	
SIGNATURE _													.		
12.	Signature, typed	or printed name of register	ed agent and title RS AND DIRI		(NOTE Re	ngistered Age	ent s	signature requ	ired when reinstating ΔΩΩ): TIONS/CHANGES TO (ATE AND DIREC	TOR	S IN 12	
TITLE	D	OFFICE	NO AND DIN	[]DELE	TE .	1 1 THILE		······		TIONS OF MICES TO		Char		X Addition	
NAME	HAWKIN	IS. T.D.				12 NAME			S/D				3-	MI	
STREET ADORESS		EMINOLE BLVD				13 STREE		1 -		. Dominick merton Road					
CITY-ST-ZIP	SEMINO					14 CITY -			argo, F						
TITLE	DS	 · -		DELE	TE	2 1 TITLE	51	1		11 34041		☐ Char	ge	Addition	
NAME	UMBER	T, R P				2.2 NAMÉ		1 '	Roger A.	Larson					
STREET ADDRESS	2269 W	ILLOWBROOK D	R.	•		23 STREE	ΤA		_	tnut Street					
CITY - ST - 7:P	CLEARY	VATER FL				2. 4 CITY-	- ST			er, FL 34617	7				
TITLE	CD			DELE	TE	3.1 TITLE		ı				Char	ige	Addition 🙀	
NAME		CE, JAMES H., D	R.			3.2 NAME		1 -		C. Hulley, I	0.0.				
STREET ADDRESS		OSEPHINE RD.				33 STREE	TA			ian Rocks Ro					
CITY+ST+ZIF	LARGO	FL				34 CITY-	ST		argo. F						
TITLE	٧			DELE	TE	4.1 TITLE		1				☐ Char	ge	Addition	
NAME		son, Russell				4. 2 NAME	Ε	1 -	-	Taylor, Jr.,	ם.ם				
STREET ADDRESS		EARWATER/LARC	GO RD			4.3 STREE	ΤA			ian Rocks Ro					
CITY-ST-ZIP	LARGO	FL				4.4 CITY-	ST-		argo, F						
TITLE	D			DELE	TE	5.1 TITLE		I)			Char	ige	Addition Addition	
NAME		LL, DUKE L.				5.2 NAME		1	Richard	C. Kidd, D.C					
STREET ADDRESS		Valsingham Ri	J.			5.3 STREE	ΤA			rk Blvd.					
CITY-ST-ZIP	LARGO	FL			**	5 4 CITY-	ST-			, FL 34646		——————————————————————————————————————			
TJTLE	0	T ALILOY		DELE	TE.	6 1 TITLE						Char	ige	Addition	
NAME		IT, CHUCK				6 2 NAME									
STHEET ADDRESS		STH ST N		• 1		6 3 STREE									
CiTY-ST-ZIP	LARGO		عه معند اممامه	nie filiaa ie velvete	rib, fugalaba	64 CITY			tor the average	ation stated in Costina	110 07/01/	al Elegisia Di	ah ita	Lighton	
certify that	t the informa	tion indicated on th	is annual rep	ort or supplemen	ital annual r	eport is tr	'ue	and accu	irate and that r	ntion stated in Section my signature shall have	the same	legal effect	as if n	nade under	
oath; that appears in	i am an offic i Block 12 o	er or director of the r Blook 7 13 if change	e corporation ed / or on an	or the receiver o attachment with a	r trustee em an address	npowered	ta	o execute	this report as ri	equired by Chapter 617	', Florida S	statutes; and	that	my name	
		// / /	1	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		· ·	_								

SIGNATURE:

James H. Wallace, D.O.

(813) 586-7100