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May 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

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 33779-2025 US

3. Date Incorporated or Qualified: 07/17/1964
3a. Date of Last Report: 02/08/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	HAWKINS, T.D.		1.2 NAME	Jeff Collins	
STREET ADDRESS	10658 SEMINOLE BLVD.		1.3 STREET ADDRESS	2025 Indian Rocks Road	
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	Largo, FL 33772	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LARSON, ROGER A.		2.2 NAME		
STREET ADDRESS	911 CHESTNUT STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALLACE, JAMES H., DR.		3.2 NAME		
STREET ADDRESS	14112 JOSEPHINE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, RUSSELL J DO		4.2 NAME		
STREET ADDRESS	360 CLEARWATER/LARGO RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MITCHELL, DUKE L.		5.2 NAME		
STREET ADDRESS	14290 WALSINGHAM RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DOMINICK, GERALD W.		6.2 NAME		
STREET ADDRESS	10265 ULMERTON ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Jeffrey A Collins **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052074