FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

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DOCUMENT # 707601

1. Corporation Name

SUN COAST HOSPITAL, INC.

Principal Place of Business	Mailing Address
2025 INDIAN ROCKS RD. P.O. BOX 2025 LARGO FL 33774 US	2025 INDIAN ROCKS RD. P.O. BOX 2025 LARGO FL 33774 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 07/17/1964
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	4. FEI Number: 59-1052802 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	C/Tr ☒ Change ☐ Addition
NAME	HAWKINS, T.D.	1.2 NAME	Hawkins, T.D.
STREET ADDRESS	10658 SEMINOLE BLVD.	1.3 STREET ADDRESS	11687 Tradewinds Blvd.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Largo, FL 33773
TITLE	P ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, JEFF	2.2 NAME	
STREET ADDRESS	2025 INDIAN ROCKS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	3.1 TITLE	Tr ☒ Change ☐ Addition
NAME	LARSON, ROGER A	3.2 NAME	Larson, Roger A
STREET ADDRESS	5 ISLAND PARK PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	3.4 CITY-ST-ZIP	
TITLE	V ☒ DELETE	4.1 TITLE	V/Tr ☐ Change ☒ Addition
NAME	EUTZLER, DO JAMES	4.2 NAME	Ottaviani, Anthony DO
STREET ADDRESS	143 70TH 82ND TERRACE NORTH	4.3 STREET ADDRESS	464 Bluffview Drive
CITY-ST-ZIP	SEMINOLE FL 33772	4.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770
TITLE	D ☒ DELETE	5.1 TITLE	V/Tr ☐ Change ☒ Addition
NAME	MITCHELL, DUKE L.	5.2 NAME	DiGiovanni, Robert DO
STREET ADDRESS	14290 WALSINGHAM RD.	5.3 STREET ADDRESS	9960 Frank Drive West
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	Seminole, FL 34646
TITLE	SD ☐ DELETE	6.1 TITLE	S/T/Tr ☒ Change ☐ Addition
NAME	SULLIVAN, CLAUDE	6.2 NAME	Sullivan, Claude
STREET ADDRESS	14106 KENSINGTON OAK PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33774	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/99 727-586-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Jeffrey A. Collins, CEO — Date — Daytime Phone #

CR2E037 (11/98)