2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707601

1. Entity Name

SUN COAST HOSPITAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90203 033 ****70.00

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 FLA 33774-1035 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2025 Indian Rocks Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, Florida	City & State
Zip: 33774 Country: USA	Zip: 33779-2025 Country

4. FEI Number: 59-1052802 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, JEFFREY A 2025 INDIAN ROCKS RD. LARGO FL 34644	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 33774

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR HAWKINS, T.D. 11687 TRADEWINDS BLVD LARGO FL 33773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLINS, JEFF 2025 INDIAN ROCKS RD. LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR LARSON, ROGER A 5 ISLAND PARK PLACE DUNEDIN FL 34698	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	J. Eric Taylor, D.O. 18 Fernbrooke Drive Safety Harbor, FL 34695	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR OTTAVIANI, ANTHONY D.O. 464 BLUFFVIEW DRIVE BELLAIR BLUFFS FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTR DIGIOVANNI, ROBERT D.O. 9960 FRANK DRIVE WEST SEMINOLE FL 34646	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STR SULLIVAN, CLAUDE 14106 KENSINGTON OAK PLACE LARGO FL 33774	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey A. Collins 4/25/00 727-586-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #