

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91170 001 ***122.50

DOCUMENT # 707601

1. Entity Name

SUN COAST HOSPITAL, INC.

Principal Place of Business

Mailing Address

2025 INDIAN ROCKS RD.
LARGO FLA 33774
US

2025 INDIAN ROCKS RD.
P.O. BOX 2025
LARGO FL 33779-2025
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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 ARCHBELL, LARRY J.
Street Address (P.O. Box Number is Not Acceptable)
2025 INDIAN ROCKS ROAD
City LARGO 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 CTR
NAME HAWKINS, T.D.
STREET ADDRESS 11687 TRADEWINDS BLVD
CITY-ST-ZIP LARGO FL 33773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME COLLINS, JEFF
STREET ADDRESS 2025 INDIAN ROCKS RD.
CITY-ST-ZIP LARGO FL ☒ Delete

TITLE PRESIDENT
NAME ARCHBELL, LARRY J.
STREET ADDRESS 2025 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO, FL 33774 ☐ Change ☒ Addition

TITLE TR
NAME TAYLOR, J. ERIC D.O.
STREET ADDRESS 18 FERNBROOKE DRIVE
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☒ Delete

TITLE TREASURER
NAME BUTCHER, JACK
STREET ADDRESS 2831 BELLWOOD DRIVE
CITY-ST-ZIP BRANDON, FL 33511 ☒ Change ☐ Addition

TITLE VTR
NAME OTTAVIANI, ANTHONY D.O.
STREET ADDRESS 464 BLUFFVIEW DRIVE
CITY-ST-ZIP BELLAIR BLUFFS FL 33770 ☒ Delete

TITLE VICE CHAIRMAN
NAME LIGHTFOOT, KEN
STREET ADDRESS 2119 W. HILLSBOROUGH AVE.
CITY-ST-ZIP TAMPA, FL 33606 ☒ Change ☐ Addition

TITLE VTR
NAME DIGIOVANNI, ROBERT D.O.
STREET ADDRESS 9960 FRANK DRIVE WEST
CITY-ST-ZIP SEMINOLE FL 34646 ☒ Delete

TITLE DIRECTOR
NAME LOWERY, G. DAVID
STREET ADDRESS 212 HARBOR VIEW
CITY-ST-ZIP LARGO, FL 33770 ☒ Change ☐ Addition

TITLE STR
NAME SULLIVAN, CLAUDE
STREET ADDRESS 14106 KENSINGTON OAK PLACE
CITY-ST-ZIP LARGO FL 33774 ☒ Delete

TITLE SECRETARY
NAME GEORGE, ROBBIE
STREET ADDRESS 9699 125TH STREET N.
CITY-ST-ZIP SEMINOLE, FL 33772 ☒ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

SUN COAST HOSPITAL, INC., 2002 BOARD OF DIRECTORS

William C. Hulley, D.O.	Res: 294 Bellview Blvd., Belleair, 34616
Claude Sullivan, Jr.	Res: 14106 Kensington Oak Place, Largo, 33774
Anthony N. Ottaviani, D.O.	Res: 464 Bluffview Dr., Belleair Bluffs 33770
Norm Stein,	Res: 1582 Gulf Blvd., Clearwater 33767
Calvin Glidewell,	Res: 6238 Greenwich Drive, Tampa 33647
Robert Anderson	Res: 7245 Riverforest Lane, Temple Terrace, 33617
Brendan O'Malley	Res: 5010 Bayshore Blvd., #4, Tampa 33611
Jack Hendricks -	Res: 404 Forest Park Ave., Temple Terrace 33617