2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 707601

1. Entity Name



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91086 001 ***422.50

SUN CO	AST HOSPITAL, INC.		Ÿ		į į				
Principal Place 2025 INDIAN LARGO FLA US		Mailing Address 2025 INDIAN ROCKS P.O. BOX 2025 LARGO FL 33779-20 US		·	 	(11 MENT BINK BINK 18 MENT 18 MENT 18 MENT	ian anan alam a	HOLE BY THE SEAR	
2. Principal I	Place of Business	3. Mailing Address	· <u></u>					1 1	
Suite, Apt	. #, etc.	Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·		C+	HECK HERE IF MAKING	3 CHANGES		
City & State		City & State		4. FEI Number 59-1052802		<u> </u>	Applied For Not Applicable		
Zip	Country	Zip	Cou	intry	5. Certificate of Stat	tus Desired	\$8.75 Add	ditional	1
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ess of New Registered		<u> </u>	ľ
				Name					1
ARCHBELL, LARRY J 2025 INDIAN ROCKS RD.				Street Address (I	P.O. Box Number is No	it Acceptable)			1
	FL 34644								1
				City		FL	Zip Cod	e	1
	e named entity submits this statement fo	r the purpose of changing	ng its registere	ed office or register	ed agent, or both, in th	e State of Florida. I am	familiar with,	and accept	1
the obliga	itions of registered agent.								
OLONIATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d 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 Chec Florida Depar			
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS (CHANGES	S TO OFFICERS AND DI	DECTORS IN		-
TITLE	CTR	Delete	TITLE		ADDITIONS/CHANGES	3 TO OFFICENS AND DI	Change	Addition	18
NAME	HAWKINS, T.D.	D0,000	NAMI	ſ					Š
STREET ADDRESS	11687 TRADEWINDS BLVD			ET ADDRESS					1
CITY-ST-ZIP	LARGO FL 33773		CITY	- ST-ZIP					١
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STREET ADDRESS			2012	1					
CITY-ST-ZIP		~ .		ET ADDRESS -ST-ZIP	·				
	LARGO FL 33774.		. CITY	ET ADDRESS -ST-ZIP			Change	Addition	ļ
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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: