
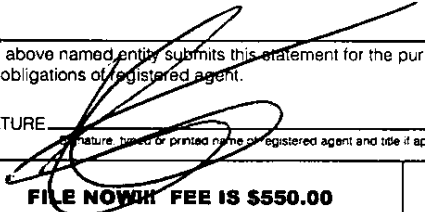
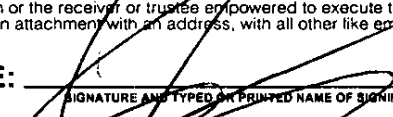


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 050 ***550.00

DOCUMENT # P99000024504					
1. Entity Name BAYSIDE HEALTHCARE REHAB, INC. DBA Suncoast Total Healthcare, Inc.					
Principal Place of Business 1903 LUMSDEN ROAD BRANDON, FL 33511		Mailing Address 1903 LUMSDEN ROAD BRANDON, FL 33511			
2. Principal Place of Business - No P.O. Box # 615 Vanderburg Dr.		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Brandon FL		City & State		4. FEI Number 59-3563064	
Zip 33511		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOMHOFF, PHILIP JR, ESQ 5327 COMMERCIAL WAY PARK PLACE, SUITE D-122 SPRING HILL, FL 34606				7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE 				DATE 7-19-07	
<p>FILE NOW! FEE IS \$550.00 Due by September 14, 2007</p>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONOFRIO, KEVIN		NAME		
STREET ADDRESS	2503 CULBREATH COVE COURT		STREET ADDRESS		
CITY-ST-ZIP	VALRICO, FL 33594		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: 				Date 7-19-07 813-760-6161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Fictitious Name Detail

Fictitious Name

SUNCOAST TOTAL HEALTHCARE

Filing Information

Document Number	G07141700073
Status	ACTIVE
Filed Date	05/21/2007
Expiration Date	12/31/2012
Current Owners	1
County	HILLSBOROUGH
Total Pages	1
Events Filed	NONE
FEI Number	NONE

Mailing Address

1903 W LUMSDEN RD
BRANDON, FL 33511

Owner Information

BAYSIDE HEALTHCARE REHAB, INC.
1903 W LUMSDEN RD
BRANDON, FL 33511
FEI Number: 59-3563064
Document Number: P99000024504

Document Images

G07141700073 -- 05/21/2007 -- REGISTRATION

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