




# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90022 013 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 739019</b><br>1. Entity Name<br><b>SUNCOAST COMMUNITY HEALTH CENTERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                  |                                                                         |  |
| Principal Place of Business<br><b>2814 14TH AVE SE<br/>PO BOX 1349<br/>RUSKIN, FL 33570</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |                                                                                     | Mailing Address<br><b>2814 14TH AVE SE<br/>PO BOX 1349<br/>RUSKIN, FL 33570</b>                                                                                                                                                  |                                                                                                                                                          |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                | 3. Mailing Address<br><b>P. O. Box 1349</b><br>Suite, Apt. #, etc.                  |                                                                                                                                                                                                                                  |                                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                | City & State<br><b>Ruskin, FL</b>                                                   |                                                                                                                                                                                                                                  | 4. FEI Number<br><b>59-1741303</b>                                                                                                                       |  |
| Zip<br><b>33575</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>U.S.A.</b>                                                                                                       | 5. Certificate of Status Desired <input checked="" type="checkbox"/>                |                                                                                                                                                                                                                                  | Applied For<br>Not Applicable                                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PARMER, BERT E CEO<br/>2814 14TH AVE SE<br/>RUSKIN, FL 33570</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Brantz M. Roszel, C.E.O.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2814 14th Avenue, S.E.</b><br>City <b>Ruskin</b> <b>FL</b> Zip Code <b>33570</b> |                                                                                                                                                          |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                          |  |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |                                                                                     | DATE <b>1/21/2004</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                             |                                                                                                                                                          |  |
| <b>Filing Fee is \$81.25<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                  | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                   |  |
| <b>Make check payable to:<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                  |                                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                     |                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>VCD<br/>RAMOS, NELSON<br/>1925 ERIN BROOKE DR<br/>VALRICO, FL 33598</b> <input type="checkbox"/> Delete                     |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>CD<br/>SIEGRIST, LORIE<br/>320 KNOTTWOOD COURT<br/>SUN CITY CENTER, FL 33573</b> <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>S<br/>MCDONALD, BRYAN C<br/>601 BAYSHORE BLVD, SUITE 600<br/>TAMPA, FL 33606</b> <input type="checkbox"/> Delete            |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                               | <b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5220 S. Russell St., Unit #40<br/>Tampa, FL 33611</b>       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>T<br/>BARBON, DONNA<br/>11620 BULLFROG CREEK RD<br/>GIBSONTOWN, FL 33534</b> <input type="checkbox"/> Delete                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                               | <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                               | <b>T<br/>Kickliter, Joey<br/>1015 Calle Rosa Place<br/>Ruskin, FL 33570</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                     | Date <b>1/21/2004</b> Daytime Phone # <b>813-349-7568</b>                                                                                                                                                                        |                                                                                                                                                          |  |