## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#739019**

FILED Jan 06, 2006 Secretary of State

Entity Name: SUNCOAST COMMUNITY HEALTH CENTERS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
O BOX 1	H AVE SE 1349 FL 33570				
Current Mailing Address:		New Mailing Address:			
PO BOX 1 RUSKIN,	1349 FL 33575				
El Numbe	r: 59-1741303	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
814 14Ti	BRANTZ M C.E H AVE SE FL 33570 US	_			
	e named entity s e of Florida.	submits this statement for the	ourpose of changing its register	ed office or registered agent, or bot	
n the Stat	e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or bot	
the Stat	e of Florida.	submits this statement for the particles of Registered Ag		ed office or registered agent, or bot  Date	
n the Stat SIGNATU	e of Florida.	ic Signature of Registered Ag	ent		
the State of the S	e of Florida.  RE: Electron  S AND DIREC	ic Signature of Registered Ag TORS:  Delete DN DOKE DR	ent	Date	
the Stat	e of Florida.  RE: Electron  S AND DIREC  VCD () RAMOS, NELSC 1925 ERIN BRC VALRICO, FL 3  CD () MCDONALD, BF	ic Signature of Registered Ag  TORS:  Delete DN DOKE DR 33598  Delete RYAN C ELL ST UNIT #40	ent  ADDITIONS/CHANC  Title:  Name:  Address:	Date SES TO OFFICERS AND DIRECTO	
the State of the S	E of Florida.  RE: Electron  S AND DIREC  VCD () RAMOS, NELSC 1925 ERIN BRC VALRICO, FL 3  CD () MCDONALD, BF 5220 S. RUSSE TAMPA, FL 336	ic Signature of Registered Ag  TORS:  Delete DN DOKE DR 83598  Delete RYAN C ELL ST UNIT #40 611  Delete NA OG CREEK RD	ent  ADDITIONS/CHANC  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRANTZ M. ROSZEL CEO 01/06/2006