## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#739019** 

FILED Feb 27, 2009 Secretary of State

Entity Name: SUNCOAST COMMUNITY HEALTH CENTERS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	HAVE SE FL 33575			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	HAVE SE FL 33575			
El Number	: 59-1741303	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
2814 14TF	BRANTZ M C.E H AVE SE FL 33570 US			
	e named entity s e of Florida.	ubmits this statement for the	ourpose of changing its registere	ed office or registered agent, or both
n the State	e of Florida.	ubmits this statement for the	ourpose of changing its registere	ed office or registered agent, or both
n the State	e of Florida. RE:	ubmits this statement for the control of the control of Registered Ag		ed office or registered agent, or both  Date
n the State	e of Florida. RE:	c Signature of Registered Ag	ent	
n the State  SIGNATUI  DFFICER  Title:  Jame:  Address:	e of Florida.  RE: Electroni  S AND DIRECT	c Signature of Registered Ag F <b>ORS:</b> Delete N OKE DR	ent	Date
n the State	e of Florida.  RE: Electroni  S AND DIRECT  VCD ()  RAMOS, NELSO 1925 ERIN BRO VALRICO, FL 33	c Signature of Registered Ag  ORS:  Delete N OKE DR 3598  Delete EY SA PLACE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
n the State BIGNATUI  DFFICER  Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	e of Florida.  RE: Electroni  S AND DIRECT  VCD ()  RAMOS, NELSO 1925 ERIN BRO VALRICO, FL 33  CD ()  KICKLITER, JOE 1015 CALLE RO RUSKIN, FL 338	c Signature of Registered Ag FORS: Delete N OKE DR 3598 Delete EY SA PLACE 570 Delete ENDOLYN C DOL ROAD	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT R. RODRIGUEZ CFO 02/27/2009