

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 06, 2011**  
**Secretary of State**

DOCUMENT# 739019

**Entity Name:** SUNCOAST COMMUNITY HEALTH CENTERS, INC.**Current Principal Place of Business:**2814 14TH AVE SE  
RUSKIN, FL 33575**New Principal Place of Business:**13110 ELK MOUNTAIN DR.  
RIVERVIEW, FL 33579**Current Mailing Address:**2814 14TH AVE SE  
RUSKIN, FL 33575**New Mailing Address:**P. O. BOX 3049  
RUSKIN, FL 33575**FEI Number:** 59-1741303**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ROSZEL, BRANTZ M C.E.O  
2814 14TH AVE SE  
RUSKIN, FL 33570 US**Name and Address of New Registered Agent:**HERREMANS, BRADLEY P C.E.O  
13110 ELK MOUNTAIN DR.  
RIVERVIEW, FL 33579 US

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.

SIGNATURE: BRADLEY P. HERREMANS

09/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: RAMOS, NELSON  
Address: 1925 ERIN BROOKE DR  
City-St-Zip: VALRICO, FL 33598

Title: VCD  
Name: GARCIA, CARLOS  
Address: P. O. BOX 234  
City-St-Zip: BALM, FL 33503

Title: T  
Name: SHANAHAN, NINA  
Address: 12926 FENNWAY RIDGE DR.  
City-St-Zip: RIVERVIEW, FL 33579

Title: S  
Name: HUBBELL, GAIL  
Address: 2610 HIGHWAY 674  
City-St-Zip: RUSKIN, FL 33570

I hereby 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 all other like empowered.

SIGNATURE: BRADLEY P. HERREMANS

CEO

09/06/2011

Electronic Signature of Signing Officer or Director

Date