

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 739019

FILED
Jan 07, 2003
Secretary of State

Entity Name: SUNCOAST COMMUNITY HEALTH CENTERS, INC.

Current Principal Place of Business:

2814 14TH AVE SE
PO BOX 1349
RUSKIN, FL 33570

New Principal Place of Business:

Current Mailing Address:

2814 14TH AVE SE
PO BOX 1349
RUSKIN, FL 33570

New Mailing Address:

FEI Number: 59-1741303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARMER, BERT E CEO
2814 14TH AVE SE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: LOONEY, BERYL
Address: 626 24TH AVE SE
City-St-Zip: RUSKIN, FL 33570

Title: CD () Delete
Name: SIEGRIST, LORIE
Address: 110 S PEBBLE BCH BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S () Delete
Name: BOLES, JOAN C
Address: 9716 65TH AVE EAST
City-St-Zip: BRADENTON, FL 34202

Title: T () Delete
Name: RAMOS, NELSON
Address: 1925 ERIN BROOKE DR
City-St-Zip: VALRICO, FL 33598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VCD (X) Change () Addition
Name: RAMOS, NELSON
Address: 1925 ERIN BROOKE DR
City-St-Zip: VALRICO, FL 33598

Title: CD (X) Change () Addition
Name: SIEGRIST, LORIE
Address: 320 KNOTTWOOD COURT
City-St-Zip: SUN CITY CENTER, FL 33573

Title: S (X) Change () Addition
Name: MCDONALD, BRYAN C
Address: 601 BAYSHORE BLVD, SUITE 600
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change () Addition
Name: BARBON, DONNA
Address: 11620 BULLFROG CREEK RD
City-St-Zip: GIBSONTOWN, FL 33534

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERT PARMER

CEO

01/07/2003

Electronic Signature of Signing Officer or Director

Date