

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739019

Entity Name: SUNCOAST COMMUNITY HEALTH CENTERS, INC.**Current Principal Place of Business:**313 S. LAKEWOOD DR.
BRANDON, FL 33579**Current Mailing Address:**313 S. LAKEWOOD DR.
RIVERVIEW, FL 33511 US**FEI Number:** 59-1741303**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HERREMANS, BRADLEY PC.E.O
313 S. LAKEWOOD DR.
RIVERVIEW, FL 33511 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	ODOR, PAT
Address	313 S. LAKEWOOD DR
City-State-Zip:	BRANDON FL 33511

Title	VC
Name	HINSON, PATRICIA L
Address	313 S. LAKEWOOD DR
City-State-Zip:	BRANDON FL 33511

Title	SECRETARY
Name	GARCIA, CARLOS
Address	313 S. LAKEWOOD DR
City-State-Zip:	BRANDON FL 33511

Title	TREASURER
Name	LOCKHARD, KRYSTAL
Address	313 S. LAKEWOOD DR
City-State-Zip:	BRANDON FL 33511

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: PAT ODOR**CHAIRMAN****01/12/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date