2019 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

Name and Address of Current Registered Agent:

HERREMANS, BRADLEY PC.E.O 313 S. LAKEWOOD DR. RIVERVIEW, FL 33511 US

Certificate of Status Desired: Yes

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

Officer/Director Detail :

| Title | CHAIRMAN | Title | SECRETARY |
|-----------------|------------------------|-----------------|-----------------------------|
| Name | SHANAHAN, NINA | Name | HINSON, PAT |
| Address | 12926 FENNWAY RIDGE DR | Address | 2210 DURANT RD |
| City-State-Zip: | RIVERVIEW FL 33579 | City-State-Zip: | VALRICO FL 33596 |
| | | | |
| | | | |
| Title | VC | Title | TREASURER |
| Title Name | VC ODOR, PAT L | Title Name | TREASURER GARCIA, CARLOS |
| | | | |

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: NINA SHANAHAN

CHAIRMAN

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 06, 2019 Secretary of State 5290746226CC

Date