

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90012 018 ****61.25

0048739

DOCUMENT # 739019

1. Corporation Name

SUNCOAST COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business

2814 14TH AVE SE
PO BOX 1347
RUSKIN FL 33570

Mailing Address

2814 14TH AVE SE
PO BOX 1347
RUSKIN FL 33570



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/13/1977

4. FEI Number

59-1741303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Bert E. Parmer, CEO

4-27-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE
NAME HABERLAND, MARY
STREET ADDRESS 207 W POWHATAN
CITY-ST-ZIP TAMPA FL

TITLE VCD ☐ DELETE
NAME SIEGRIST, LORIE
STREET ADDRESS 110 S PEBBLE BCH BLVD
CITY-ST-ZIP SUN CITY CENTER FL 33570

TITLE SD ☒ DELETE
NAME ROS, REV. RAMIRO
STREET ADDRESS 107 BRACKEN LANE
CITY-ST-ZIP BRANDEN FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VCD ☐ Change ☒ Addition
1.2 NAME Suzanna Grier
1.3 STREET ADDRESS 7026 Westminster Street
1.4 CITY-ST-ZIP Tampa, FL 33635

2.1 TITLE CD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE T ☐ Change ☒ Addition
3.2 NAME Yolanda Jaramillo
3.3 STREET ADDRESS 603 4th Avenue SE
3.4 CITY-ST-ZIP Ruskin, FL 33570

4.1 TITLE S ☐ Change ☒ Addition
4.2 NAME Nelson Ramos
4.3 STREET ADDRESS 1925 Erin Brooke Drive
4.4 CITY-ST-ZIP Valrico, FL 33594

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bert E. Parmer, CEO

4-27-99

(813) 645-4685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)