2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90022 013 ****70.00

DOCUMENT # 739019

1. Entity Name
SUNCOAST COMMUNITY HEALTH CENTERS, INC.

Principal Place of Business	Mailing Address
2814 14TH AVE SE PO BOX 1349 RUSKIN, FL 33570	2814 14TH AVE SE PO BOX 1349 RUSKIN, FL 33570

01202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P. O. Box 1349 Suite, Apt. #, etc.
City & State	City & State: Ruskin, FL
Zip / Country	Zip: 33575 / Country: U.S.A.

4. FEI Number: 59-1741303 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARMER, BERT E CEO 2814 14TH AVE SE RUSKIN, FL 33570	Name: Brantz M. Roszel, C.E.O. Street Address (P.O. Box Number is Not Acceptable): 2814 14th Avenue, S.E. City: Ruskin FL Zip Code: 33570

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/21/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD RAMOS, NELSON 1925 ERIN BROOKE DR VALRICO, FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SIEGRIST, LORIE 320 KNOTTWOOD COURT SUN CITY CENTER, FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCDONALD, BRYAN C 601 BAYSHORE BLVD, SUITE 600 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD 5220 S. Russell St., Unit #40 Tampa, FL 33611 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARBON, DONNA 11620 BULLFROG CREEK RD GIBSONTON, FL 33534	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kickliter, Joey 1015 Calle Rosa Place Ruskin, FL 33570 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/21/2004 813-349-7568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #