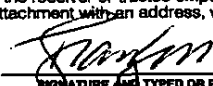


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 2814 14TH AVE SE PO BOX 1349 RUSKIN, FL 33570			Mailing Address 2814 14TH AVE SE PO BOX 1349 RUSKIN, FL 33570		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. O. Box 1349 Suite, Apt. #, etc.			
City & State		City & State Ruskin, FL		4. FEI Number 59-1741303	
Zip 33575	Country U.S.A.	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PARMER, BERT E CEO 2814 14TH AVE SE RUSKIN, FL 33570			7. Name and Address of New Registered Agent 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  DATE 1/21/2004 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 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 ☒ Change ☐ Addition 5220 S. Russell St., Unit #40 Tampa, FL 33611	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARBON, DONNA 11620 BULLFROG CREEK RD GIBSONTOWN, 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:  DATE 1/21/2004 813-349-7568 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					