

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739019

FILED
Apr 30, 2008
Secretary of State

Entity Name: SUNCOAST COMMUNITY HEALTH CENTERS, INC.

Current Principal Place of Business:

2814 14TH AVE SE
PO BOX 1349
RUSKIN, FL 33570

New Principal Place of Business:

2814 14TH AVE SE
RUSKIN, FL 33575

Current Mailing Address:

PO BOX 1349
RUSKIN, FL 33575

New Mailing Address:

2814 14TH AVE SE
RUSKIN, FL 33575

FEI Number: 59-1741303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSZEL, BRANTZ M C.E.O
2814 14TH AVE SE
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: RAMOS, NELSON
Address: 1925 ERIN BROOKE DR
City-St-Zip: VALRICO, FL 33598

Title: CD () Delete
Name: KICKLITER, JOEY
Address: 1015 CALLE ROSA PLACE
City-St-Zip: RUSKIN, FL 33570

Title: S () Delete
Name: SMALLEY, GWENDOLYN C
Address: 11724 DAVIS POOL ROAD
City-St-Zip: SEFFNER, FL 33584

Title: T () Delete
Name: HUBBELL, GAIL
Address: 2610 HIGHWAY 674
City-St-Zip: RUSKIN, FL 33570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBERT RODRIGUEZ

CFO

04/30/2008

Electronic Signature of Signing Officer or Director

Date