2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# 767196

Entity Name: SUNCOAST HEALTH COUNCIL, INC.

Current Principal Place of Business:

9600 KOGER BLVD
SUITE 221
ST PETERSBURG, FL 33702 US

New Principal Place of Business:

Current Mailing Address:

9600 KOGER BLVD
SUITE 221
ST PETERSBURG, FL 33702 US

New Mailing Address:

FEI Number: 59-2267545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUGG, ELIZABETH M
709 S. PACKWOOD AVE.
TAMPA, FL 33606 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:	P	( ) Delete
Name:	ROBBINS, TOM	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	VP	( ) Delete
Name:	MARLOWE, ROBERT	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	BARNEY, GLYNETTE	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	HURST, GRANT	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	ST. PETERSBURG, FL 33602	
Title:	D	( ) Delete
Name:	LEONARDO, DOUGLAS	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	SAINT PETERSBURG, FL 33702	
Title:	D	( ) Delete
Name:	PARSONS, LINDA	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	SAINT PETERSBURG, FL 33702	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VP	(X) Change ( ) Addition
Name:	MARLOWE, ROBERT	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	ST. PETERSBURG, FL 33702	
Title:	D	(X) Change ( ) Addition
Name:	PARSONS-WILSON, ELENA	
Address:	9600 KOGER BLVD #221	
City-St-Zip:	ST. PETERSBURG, FL 33702	
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: ELIZABETH M. RUGG ED 04/17/2009
Electronic Signature of Signing Officer or Director — Date