

DOCUMENT # F04000005533

1. Entity Name
SUN COAST NURSING CENTERS, INC.



Principal Place of Business

100 SECOND AVE. SOUTH SUITE 901S ST. PETERSBURG, FL 33701 Mailing Address

100 SECOND AVE. SOUTH SUITE 901S ST. PETERSBURG, FL 33701

FILED Apr 17, 2006 8:00 am Secretary of State

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01042006 No Chg-NP

CR2E037 (11/05)

4. FEI Numb	oer			Applied For
20-009	91844			Not Applicable
		 	\$8.75	Additional

5. Certificate of Status Desired

Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVE. SUITE 1550 ST. PETERSBURG, FL 33701

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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.	Signature, typed or printed name of registered agent and title if applicable	s. (NOTE: Registered Agent signature	e required when reinstitting)	DATE	 -			
		lection Campaign Financing rust Fund Contribution.	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS				Sec.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY D P.O. BOX 10867 SAINT PETERSBURG, FL 337330867							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYATT, DEE 724 NORTH GOVERNORS AVENUE DOVER, DE 199047238		DO	NOT WRIT	:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPAC	E			
TITLE NAME STREET ADDRESS CITY+ST-ZIP								
TITLE NAME STREET ADDRESS CITY-SI-ZIP		.4						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 appears, with all other like empowered.								