

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 MAY 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
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| 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 | |
| 2. Principal Place of Business 360 CENTRAL AVE | | 3. Mailing Address | |
| Suite, Apt. #, etc. STE 1550 | | Suite, Apt. #, etc. | |
| City & State ST. PETERSBURG, FL | | City & State | |
| Zip 33701 | Country Pine/llas | Zip | Country |
| 4. FEI Number 20-0091844 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SPECTOR GADON & ROSEN, LLP 360 CENTRAL AVE. SUITE 1550 ST. PETERSBURG, FL 33701 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | Zip Code | |
| 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 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | MGR MADONNA, HARRY D P.O. BOX 10867 SAINT PETERSBURG, FL 337330867 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DIRECTOR MADONNA, HARRY DILLON 360 CENTRAL AVE, STE 1550 ST. PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR GALLAHER, RHONDA 109 ANTES LANE GRAMPIAN, PA 16838 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WYATT, DEE 724 NORTH GOVERNORS AVENUE DOVER, DE 199047238 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR WYATT, DEE 724 NORTH GOVERNORS AVENUE DOVER, DE 19904-7238 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 address, with all other like empowered. | | | |
| SIGNATURE: <i>Harry Madonna</i> | | HARRY DILLON MADONNA 5/9/06 727-824-8800 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |