

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005533

FILED
Jan 05, 2010
Secretary of State

Entity Name: SUN COAST NURSING CENTERS, INC.

Current Principal Place of Business:

360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0091844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN, LLP
360 CENTRAL AVE. SUITE 1550
ST. PETERSBURG, FL 33701 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: D
Name: MADONNA, HARRY DILLON
Address: P.O. BOX 10867
City-St-Zip: SAINT PETERSBURG, FL 33733 US

Title: D
Name: OWENS, VIRGINIA
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D
Name: HALL, BRUCE
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D
Name: JAFFE, HOWARD
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D
Name: OLIVER, SANDY
Address: 360 CENTRAL AVE STE 1550
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: HARRY DILLON MADONNA

D

01/05/2010

Electronic Signature of Signing Officer or Director

Date