## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 22 1997 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # H24854 SUNCOAST HEALTH CARE, INC. Principal Place of Business Mailing Address 16330 GULF BLVD. 16330 GULF BLVD SUITE 303 SUITE 303 DO NOT WRITE IN THIS SPACE REDINTON BEACH FL 33708 REDINTON BEACH FL 33708 3. Date Incorporated or Qualified 3a. Date of Last Report \_\_**10/10/1984** FEI Number 06/24/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 59-2455131... Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FRY, MARSHALL J 1051 NOKOMIS ST. 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34615** 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97)13, DELETE SECRETARY & TREASURER \_ Change Addition TITLE 1.1 TITLE PRESIDENT HEIDEMAN, GERALD 1.2 NAME NAME HERRY STREET ADDRESS 16330 GULF BLVD., # 303 1.3 STREET ADDRESS LOUR 7 13013 386/2 Change CITY-ST-ZIP REDINGTON BEACH FL 33708 1.4 CHY-S1-ZIP DELETE Addition TITLE 2.1 TITLE HEIDEMAN, GERALD 2.2 NAME NAME 16330 GULF BLVD., # 303 STREET ADDRESS 2.3 STREET ADDRESS REDINGTON BEACH FL 33708 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE [ ] Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.9 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELFTE Change Addition TITLE 5.1 TITLE

6.4 CITY- S1 - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. President

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZiP

CIGNATURE.

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

DELFTE

2/11/62

813 248-7102

Change

Addition

FILED