

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H24854**

1. Entity Name
SUNCOAST HEALTH CARE, INC.

Principal Place of Business

**16330 GULF BLVD.
SUITE 303
REDINGTON FL 33708
US**

Mailing Address

**16330 GULF BLVD.
SUITE 303
REDINGTON FL 33708
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**HEIDEMAN, GERALD
16330 GULF BLVD., NO. 303
REDINGTON BEACH FL 33708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HEIDEMAN, GERALD**
STREET ADDRESS **16330 GULF BLVD., # 303**
CITY-ST-ZIP **REDINGTON BEACH FL**

TITLE **D** ☐ Delete
NAME **HEIDEMAN, GERALD**
STREET ADDRESS **16330 GULF BLVD., # 303**
CITY-ST-ZIP **REDINGTON BEACH FL 33708**

TITLE **STD** ☐ Delete
NAME **MAYES, KERRY**
STREET ADDRESS **4602 RIVERHILLS DR**
CITY-ST-ZIP **TAMPA FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Jan 4 2002 727/398-7108
Date Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90003 017 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)