

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2004 08:00 AM  
Secretary of State

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

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2455131

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000000021412  
01/30/04-80004-007 150.00

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 25 727  
President 2004 388 7108