

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90012 037 ***150.00

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

REDINGTON BEACH
Zip

Country

PINELLAS

City & State

REDINGTON BEACH
Zip

Country

PINELLAS

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

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

GERALD HEIDEMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 20 2005

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 ☐ 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

11. 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
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Gerald Heideman
Jan 5 2005
Daytime Phone #