SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1996 ~~1995~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L73103 (8)

1. Corporation Name

SUNCOAST HEALTH CARE CONSULTANTS, INC.

Principal Place of Business	Mailing Address
~~18015 PATTERSON ROAD~~ ~~ODESSA FL 33556~~	~~18015 PATTERSON ROAD~~ ~~ODESSA FL 33556~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1990
3a. Date of Last Report: 05/12/1994

4. FEI Number: 59-3013257 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3919 AMBASSADOR DR	26 3919 AMBASSADOR DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM HARBOR FL	28 City & State: PALM HARBOR FL
24 Zip: 34685 25 Country: USA	29 Zip: 34685 30 Country: USA

9. Name and Address of Current Registered Agent

KEELING, JOHN E
~~18015 PATTERSON ROAD~~
~~ODESSA FL 33556~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3919 AMBASSADOR DR
83
84 City: PALM HARBOR FL 85 Zip Code: 34685

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 of new registered agent required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	KEELING, JOHN	12 NAME	
STREET ADDRESS	~~18015 PATTERSON ROAD~~	13 STREET ADDRESS	3919 AMBASSADOR DR
CITY-ST-ZIP	~~ODESSA FL 33556~~	14 CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	V	21 TITLE	☑ Change ☐ Addition
NAME	BUSH, JEFF	22 NAME	
STREET ADDRESS	~~1879 NUTHATCH WAY~~	23 STREET ADDRESS	208 RUE DES LACS
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~	24 CITY-ST-ZIP	TARPON SPRING FL 34689
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MAUCH, ROBERT	32 NAME	
STREET ADDRESS	3006 ASHLAND TERR.	33 STREET ADDRESS	200001808842
CITY-ST-ZIP	CLEARWATER FL 34621	34 CITY-ST-ZIP	-05/06/96--01030--020 ***200.00
TITLE	T	41 TITLE	☑ Change ☐ Addition
NAME	FATOLITIS, PETER P	42 NAME	
STREET ADDRESS	~~31177 US 19 N., APT. #305~~	43 STREET ADDRESS	2748 MAPLE VILLAGE LANE
CITY-ST-ZIP	~~PALM HARBOR FL 34684~~	44 CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	DEB 5-1-96

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOHN E. KEELING 4/20/96 813-785-7569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #