1.

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N0000000974  1. Entity Name SUNCOAST LIFE SOLUTIONS, INC.				FILED  04 OCT -7 AM II: 37  SECRETARY OF STATE	
Principal Place of Business Mailing Address 5609 U.S. 19 5609 U.S. 19 UNIT K  NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34		34652		TALLAHASSEE, FLORIDA	
2. Principal Place of Business 3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037 (10/03)	
City & State	City & State	City & State		Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Stat	us Desired	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOBBS_KAROLYN,K	<u> </u>	Street Address (P.O. Box Number is Not Acceptable)			
NEW PORT RICHEY, FL 34652	560	5609 US HWY 19 SuiteK			
City NO Polt Richer FL Zig Code					
8. The above hamed 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: Registersur/gent signature required when reinstating)  DATE					
Amended AR is \$61.25	9. Election Carr Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS  1ITLE PD Delete		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN 10  Change Addition	
NAME ANDERSON, LYNN STREET ADDRESS 7305 TANGLEWOOD DR		NAME STREET ADDRESS	300	0041775383  401041002 **61.25	
CITY-ST-ZIP NEW PORT RICHEY, FL 3	CITY-ST-ZIP	10/11/0	401041002 **61.25 □ Change □ Addition		
NAME BRENNER, WENDY	BRENNER, WENDY		•	C change C Addition	
	1-ZIP NEW PORT RICHEY, FL 34652				
TITLE TD  NAME COOGAN, DAVE				☐ Change ☐ Addition	
STREET ADDRESS 2779 CAPWOOD LANE CITY-ST-ZIP CLEARWATER, FL 33761	STREET ADDRESS CITY-ST-ZIP				
TITLE	TITLE	ب س د			
NAME PEPPER, GARY SIREET ADDRESS 18829 U.S. HWY 19	NAME STREET ADDRESS				
CITY-ST-ZIP HUDSON, FL 34667 TITLE D	☐ Delete	CITY-ST-ZIP TITLE		Change Addition	
NAME HESS, RICK STREET ADDRESS 5943 FALL RIVER DR				161/10/8	
Y-S1-ZIP NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		Y .	
NAME FOLEY, JOAN	C) Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
STREET ADDRESS 5841 MAIN STREET CITY-S1-ZIP NEW PORT RICHEY, FL 3					
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 proceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all other like empowered.  SIGNATURE:    Chapter 617   Chap					

## Sunceast Life Solutions, Inc. 5609 US Hwy 19, Suite K New Port Richey, FL 34652

August 31, 2004

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

To whom it may concern,

RE: Document #NOOOOOOO974

Please find the UBR document changing the Registered Agent for Suncoast Life Solutions, Inc.

Please advise if further actions need to be taken to complete the Change of Registered Agent.

Thank you.

Sincerely,

Karolyn K. Hobbs