

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000974

FILED  
Jan 12, 2010  
Secretary of State

**Entity Name:** SUNCOAST LIFE SOLUTIONS, INC.

**Current Principal Place of Business:**

5609 U.S. 19  
UNIT K  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5609 U.S. 19  
UNIT K  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**FEI Number:** 59-3598397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAURO-MCKENZIE, DENISE  
7748 DAMASK LN  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAURO-MCKENZIE, DENISE A  
Address: 7748 DAMASK LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TREA  
Name: MCKENZIE, ROGER F  
Address: 7748 DAMASK LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VP  
Name: MCKENZIE, ROGER F  
Address: 7748 DAMASK LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SEC  
Name: ALLEN, ADRIAN A  
Address: 1511 ROUNDTREE CIRCLE  
City-St-Zip: HOLIDAY, FL 34690

Title: OFFI  
Name: LAURO-MCKENZIE, DENISE A  
Address: 7748 DAMASK LN  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENISE LAURO-MCKENZIE

P

01/12/2010

Electronic Signature of Signing Officer or Director

Date