


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N00000003149	
1. Entity Name SUNCOAST HEALTH AND EDUCATION FOUNDATION, INC.	

Principal Place of Business 14000 FINAY RD. HUDSON, FL 34667	Mailing Address PO BOX 1893 NEW PORT RICHEY, FL 34656-1893
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
04 DEC 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



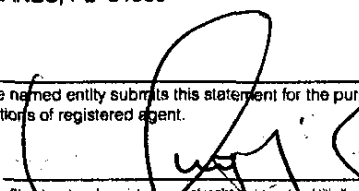
12142004 REIN-NP CR2E099 (6/04)

4. FEI Number 59-3647767	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CONOVER, KURT J 2215 FOGGY RIDGE PKY LAND O LAKES, FL 34639

7. Name and Address of New Registered Agent
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  DATE 12/17/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$287.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 617, 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:  **GERALD TOBIANSKI** 12-17-04 721-869-5400 x2990

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