2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2012
Secretary of State

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Entity Name: SUNCOAST HEALTHCARE EXECUTIVES, INC.

Current Principal Place of Business:

400 N. ASHLEY DR
1400
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 18561
TAMPA, FL 33679

New Mailing Address:

FEI Number: 20-0704520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

METZLER, BRENT
2801 WEST BUSCH BLVD
SUITE 200
TAMPA, FL 33618 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: MUNDRA, SHYAM
Address: 400 N. ASHLEY DR, SUITE 1400
City-St-Zip: TAMPA, FL 33602

Title: T
Name: METZLER, BRENT
Address: 2801 WEST BUSCH BLVD, STE 200
City-St-Zip: TAMPA, FL 33618

Title: B
Name: SCHWER, MELANIE
Address: 17633 GUNN HWY #110
City-St-Zip: ODESSA, FL 33556

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: MELANIE J SCHWER PRES 03/21/2012

Electronic Signature of Signing Officer or Director Date