

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06320

FILED
Apr 13, 2006
Secretary of State

Entity Name: THE SUN COAST HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

2025 INDIAN ROCKS ROAD
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

2025 INDIAN ROCKS ROAD
LARGO, FL 33774 US

New Mailing Address:

FEI Number: 59-2490651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHBELL, LARRY
SUN COAST HOSPITAL
2025 INDIAN ROCKS RD
LARGO, FL 33774 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: VC () Delete
Name: SHURDEN, WALTER ESQ.
Address: 1805 BAY BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: T () Delete
Name: PATRICK, SUZANNE MRS.
Address: 2432 SUMMERLIN DRIVE
City-St-Zip: CLEARWATER, FL 33764 US

Title: S () Delete
Name: LAIRD, DONNA
Address: 13653 100TH PLACE NORTH
City-St-Zip: SEMINOLE, FL 33776 US

Title: C (X) Delete
Name: AUSTIN, ALAN MR.
Address: 6751 37TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: DC (X) Delete
Name: PATTERSON, GLORIA CFP,CDP
Address: 1430 GULF BLVD., #402
City-St-Zip: CLEARWATER, FL 33756 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: SHURDEN, WALTER ESQ.
Address: 1805 BAY BOULEVARD
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

Title: T (X) Change () Addition
Name: ROBERTS, MARK MR.
Address: 9553 JOEL DRIVE
City-St-Zip: SEMINOLE, FL 33777 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOIS P. MILLER

ED

04/13/2006

Electronic Signature of Signing Officer or Director

Date