

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06320

FILED
Apr 23, 2008
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:

2101 INDIAN ROCKS ROAD, SUITE A
LARGO, FL 33774 US

Current Mailing Address:

2025 INDIAN ROCKS ROAD
LARGO, FL 33774 US

New Mailing Address:

2101 INDIAN ROCKS ROAD, SUITE A
LARGO, FL 33774 US

FEI Number: 59-2490651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENTZ, DARRELL M CEO
SUN COAST HOSPITAL
2025 INDIAN ROCKS RD
LARGO, FL 33774 US

Name and Address of New Registered Agent:

BUNCE, LAURIE M CHAIR
SUN COAST HOSPITAL FOUNDATION
2101 INDIAN ROCKS RD, SUITE A
LARGO, FL 33774 US

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: LAURIE BUNCE

04/23/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SMITH, DIANE MS
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 33774 US

Title: T () Delete
Name: SAMEL, BEN MR.
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 33774 US

Title: S () Delete
Name: KLINE, BERNIE MR
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 33774 US

Title: VC (X) Delete
Name: BUNCE, LAURIE MS
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 33774

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BUNCE, LAURIE MS
Address: 2101 INDIAN ROCKS ROAD, SUITE A
City-St-Zip: LARGO, FL 33774 US

Title: VC (X) Change () Addition
Name: SAMEL, BEN MR.
Address: 2101 INDIAN ROCKS ROAD, SUITE A
City-St-Zip: LARGO, FL 33774 US

Title: S (X) Change () Addition
Name: WAGNER, SHELLEY MRS
Address: 2101 INDIAN ROCKS ROAD, SUITE A
City-St-Zip: LARGO, FL 33774 US

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

I hereby certify that the information supplied with this filing does not qualify 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: LAURIE BUNCE

C

04/23/2008

Electronic Signature of Signing Officer or Director

Date