2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06320

FILED May 26, 2009 Secretary of State

Entity Name: THE SUN COAST HOSPITAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2101 INDIAN ROCKS ROAD, SUITE A LARGO, FL 33774

Current Mailing Address: 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

BUNCE, LAURIE M CHAIR SUN CÓAST HOSPITAL FOUNDATION 2101 INDIAN ROCKS RD, SUITE A

SUN COAST HOSPITAL FOUNDATION 2101 INDIAN ROCKS RD, SUITE A LARGO, FL 33774 US 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: KIM KASPER 05/26/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SAMEL, BEN MR. Name: WORTH, RANDAL DR Name: Address: 2101 INDIAN ROCKS ROAD SUITE A Address: 2101 INDIAN ROCKS ROAD, SUITE A

City-St-Zip: LARGO, FL 33774 US City-St-Zip: LARGO, FL 33774 US

Title: () Delete Title: (X) Change () Addition WAGNER, SHELLEY MRS Name: EICHER, SHARMAN MRS Name:

2101 INDIAN ROCKS ROAD, SUITE A 2101 INDIAN ROCKS ROAD, SUITE A Address: Address:

City-St-Zip: LARGO, FL 33774 US City-St-Zip: LARGO, FL 33774 US

Title: Title: () Change (X) Addition () Delete

Name: Name: HARVEY, JOAN DR

2101 INDIAN ROCKS ROAD, SUITE A Address: Address: City-St-Zip:

City-St-Zip: LARGO, FL 33774

KASPER, KIM M CHAIR

Title: () Delete Title: () Change (X) Addition

OTTAVIANI, ANTHONY DR Name: Name:

2101 INDIAN ROCKS ROAD, SUITE A Address: Address:

City-St-Zip: City-St-Zip: LARGO, FL 33774

Title: () Delete Title: () Change (X) Addition SNIDER, ALAN J DR Name: Name:

Address: Address: 2101 INDIAN ROCKS ROAD, SUITE A

City-St-Zip: LARGO, FL 33774 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: KIM KASPER CHAL 05/26/2009