

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07186

(2)

1. Corporation Name

SUN COAST HEALTH SYSTEM, INC.



Principal Place of Business

**2025 INDIAN ROCKS RD.
PO BOX 2025
LARGO FL 34649-9025**

Mailing Address

**2025 INDIAN ROCKS RD.
PO BOX 2025
LARGO FL 34649-9025**

3. Date Incorporated or Qualified
01/18/1985

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2545650

Applied For
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, JEFFREY A
2025 INDIAN ROCKS RD.
LARGO FL 34644**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☐ DELETE

NAME **DOMINICK GERALD W**
STREET ADDRESS **10265 ULMERTON RD**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ DELETE

NAME **TAYLOR, JR D J ERIC**
STREET ADDRESS **2025 INDIAN ROCKS RD**
CITY-ST-ZIP **LARGO FL**

TITLE **PD** ☐ DELETE

NAME **WALLACE, JAMES H.**
STREET ADDRESS **14112 JOSEPHINE ROAD**
CITY-ST-ZIP **LARGO FL**

TITLE **D** ☒ DELETE

NAME **UMBERG, R PAUL**
STREET ADDRESS **2269 WILLOWBROOK DR.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☐ DELETE

NAME **KIDD, RICHARD C., DR.**
STREET ADDRESS **214 HOWARD DR.**
CITY-ST-ZIP **BELLEAIR BEACH FL**

TITLE **D** ☐ DELETE

NAME **HAWKINS, T.D.**
STREET ADDRESS **10658 SEMINOLE BLVD.**
CITY-ST-ZIP **SEMINOLE FL**

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Russell J. Patterson, D.O.**
1.3 STREET ADDRESS **360 N. Clearwater/Largo Road**
1.4 CITY-ST-ZIP **Largo, FL 34640**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **William C. Hulley, D.O.**
2.3 STREET ADDRESS **1793 Indian Rocks Road**
2.4 CITY-ST-ZIP **Largo, FL 34644**

3.1 TITLE **S/D** ☐ Change ☒ Addition

3.2 NAME **Roger A. Larson**
3.3 STREET ADDRESS **911 Chestnut Street**
3.4 CITY-ST-ZIP **Clearwater, FL 34617**

4.1 TITLE **D** ☐ Change ☒ Addition

4.2 NAME **Duke L. Mitchell**
4.3 STREET ADDRESS **14290 Walsingham Road**
4.4 CITY-ST-ZIP **Largo, FL 34644**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Wallace, D.O. 2/5/96

Date

(813) 588-7100

CR2E037 (12/95)