

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 01/18/1985	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	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent COLLINS, JEFFREY A 2025 INDIAN ROCKS RD. LARGO FL 34644	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

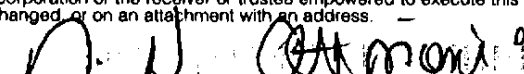
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPD ☐ DELETE
NAME	DOMINICK GERALD W
STREET ADDRESS	10285 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	PATTERSON, RUSSELL D
STREET ADDRESS	380 NORTH CLEARWATER/LARGO RD.
CITY-ST-ZIP	LARGO FL
TITLE	T ☐ DELETE
NAME	LARSON, ROGER
STREET ADDRESS	8500 144TH LANE NORTH
CITY-ST-ZIP	SEMINOLE FL
TITLE	D ☒ DELETE
NAME	HAWKINS, T.D.
STREET ADDRESS	10658 SEMINOLE BLVD.
CITY-ST-ZIP	SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ST ☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD ☐ Change ☒ Addition
3.2 NAME	Ottaviani, Anthony DO
3.3 STREET ADDRESS	464 Bluffview Drive
3.4 CITY-ST-ZIP	Belleair Bluffs, FL 34640
4.1 TITLE	V ☐ Change ☒ Addition
4.2 NAME	Eutzler, James DO
4.3 STREET ADDRESS	2025 Indian Rocks Road
4.4 CITY-ST-ZIP	Largo, FL 33774
5.1 TITLE	VD ☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	SD ☐ Change ☒ Addition
6.2 NAME	Claude Sullivan
6.3 STREET ADDRESS	14106 Kensington Oak Place
6.4 CITY-ST-ZIP	Largo, FL 34644

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Dr. Anthony Ottaviani** 3/10/98

CR2E037 (10/97)