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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

DOCUMENT # **N07186** **(2)**

1. Corporation Name
SUN COAST HEALTH SYSTEM, INC.

Principal Place of Business	Mailing Address
2025 INDIAN ROCKS RD. PO BOX 2025 LARGO FL 34649-9025	2025 INDIAN ROCKS RD. PO BOX 2025 LARGO FL 34649-9025

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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE	ST	☒ Change ☐ Addition
NAME	DOMINICK GERALD W		1.2 NAME		
STREET ADDRESS	10265 ULMERTON RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JR D J ERIC		2.2 NAME		
STREET ADDRESS	2025 INDIAN ROCKS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	WALLACE, JAMES H.		3.2 NAME	Ottaviani, Anthony,DO	
STREET ADDRESS	14112 JOSEPHINE ROAD		3.3 STREET ADDRESS	464 Bluffview Drive	
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP	Belleair Bluffs, Fl 34640	
TITLE	D	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	PATTERSON, RUSSELL D		4.2 NAME	Eutzler, James DO	
STREET ADDRESS	380 NORTH CLEARWATER/LARGO RD.		4.3 STREET ADDRESS	2025 Indian Rocks Road	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	Largo, Fl 33774	
TITLE	T	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	LARSON, ROGER		5.2 NAME		
STREET ADDRESS	8500 144TH LANE NORTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	HAWKINS, T.D.		6.2 NAME	Claude Sullivan	
STREET ADDRESS	10656 SEMINOLE BLVD.		6.3 STREET ADDRESS	14106 Kensigton Oak Place	
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP	Largo, Fl 34644	

CR2E037 (10/97)

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
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR