

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07186					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33774 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33774 Country		3. Date Incorporated or Qualified 01/18/1985 4. FEI Number 59-2545650 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 _____ 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	ST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMINICK GERALD W		1.2 NAME	Hawkins, T.D.	
STREET ADDRESS	10265 ULMERTON RD		1.3 STREET ADDRESS	11687 Tradewinds Blvd	
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Largo, FL 33773	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, JR D J ERIC		2.2 NAME	Collins, Jeffrey A.	
STREET ADDRESS	2025 INDIAN ROCKS RD		2.3 STREET ADDRESS	2025 Indian Rocks Road	
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Largo, FL 33774	
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE	C/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTAVIANI, ANTHONY DO		3.2 NAME	Ottaviani, Anthony DO	
STREET ADDRESS	464 BLUFFVIEW DR		3.3 STREET ADDRESS	464 Bluffview Drive	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 34640		3.4 CITY-ST-ZIP	Belleair Bluffs, FL 33770	
TITLE	V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V/Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUTZLER, JAMES DO		4.2 NAME	DiGiovanni, Robert DO	
STREET ADDRESS	2025 INDIAN ROCKS RD		4.3 STREET ADDRESS	9960 Frank Drive West	
CITY-ST-ZIP	LARGO FL 33774		4.4 CITY-ST-ZIP	Seminole, FL 34646	
TITLE	VD	<input type="checkbox"/> DELETE	5.1 TITLE	Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, ROGER		5.2 NAME	Larson, Roger	
STREET ADDRESS	8500 144TH LANE NORTH		5.3 STREET ADDRESS	5 Indian Park Place	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE	ST/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CLAUDE		6.2 NAME	Sullivan, Claude	
STREET ADDRESS	14106 KENSINGTON OAK PL		6.3 STREET ADDRESS	14106 Kensington Oak Place	
CITY-ST-ZIP	LARGO FL 34644		6.4 CITY-ST-ZIP	Largo, FL 33774	

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, with all other like empowered.

SIGNATURE:

Jeffrey A. Collins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President

Jeffrey A. Collins 4/29/99 727-586-7100
 Date Daytime Phone #

CR2E037 (11/98)