

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07186

1. Entity Name

SUN COAST HEALTH SYSTEM, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90203 001 \*\*\*\*61.25

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 33779-2025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2025 Indian Rocks Road

P.O. Box 2025

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Largo, Florida

Largo, FL

4. FEI Number

59-2545650

Applied For

Not Applicable

Zip

Country

Zip

Country

33774

USA

33779-2025

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

33774

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTR  
HAWKINS, T.D.  
11687 TRADWINDS BLVD  
LARGO FL 33773

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
COLLINS, JEFFREY A  
2025 INDIAN ROCKS ROAD  
LARGO FL 33774

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CTR  
OTTAVIANI, ANTHONY DO  
464 BLUFFVIEW DR  
BELLEAIR BLUFFS FL 34640

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTR  
DIGIOVANNI, ROBERT D  
9960 FRANK DRIVE, WEST  
SEMINOLE FL 34646

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
LARSON, ROGER  
5 INDIAN PARK PLACE  
DUNEDIN FL 34698

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
J. Eric Taylor, D.O.  
18 Fernbrooke Drive  
Safety Harbor, FL 34695  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STTR  
SULLIVAN, CLAUDE  
14106 KENSINGTON OAK PL  
LARGO FL 34644

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

727-586-7100

CR2E037 (9/99)