

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV 13 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PO BOX 2025
LARGO FL 34649-9025

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



400004697604-5
-11/29/01--01020--002

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/1985

5. FEI Number

59-2545650

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VTR	HAWKINS, T.D.	11687 TRADWINDS BLVD	LARGO FL 33773
P	COLLINS, JEFFREY A	2025 INDIAN ROCKS ROAD	LARGO FL 33774
CTR	OTTAVIANI, ANTHONY DO	464 BLUFFVIEW DR	BELLEAIR BLUFFS FL 34640
VTR	DIGIOVANNI, ROBERT D	9960 FRANK DRIVE, WEST	SEMINOLE FL 34646
TR	TAYLOR, J.ERIC	18 FERNBROOKE DRIVE	SAFETY HARBOR FL 34695
STTR	SULLIVAN, CLAUDE	14106 KENSINGTON OAK PL	LARGO FL 34644

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLLINS, JEFFREY A
2025 INDIAN ROCKS RD.
LARGO FL 33774

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Jeffrey A Collins
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/23/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

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

Date

Daytime Phone #

CR2E040 (8/01)



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October 26, 2001

Florida Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To whom it may concern:

Please find enclosed an Application for Reinstatement and associated fees for the following entities:

- | | | |
|----------------------------------|------------|---|
| 1. Fiscal Healthcare, Inc. | 59-3459525 | \$61.25 |
| 2. Sun Coast Health System, Inc. | 59-2545650 | \$61.25 |
| 3. SCH of Pinellas County, Inc. | 59-0954614 | \$61.25 |
| 4. Sun Coast Hospital, Inc. | 59-1052802 | \$61.25 plus
<u>\$175 reinstatement fee</u>
\$420 Total |

Note that for the entities above (for the exception of Sun Coast Hospital, Inc.), previous 2001 Uniform Business Report forms were not received, therefore the fee payment included as detailed above for each entity.

Should you have any questions regarding this information, please feel free to contact me at 727.586.7164.

Best Regards,

Angelica M. Diaz
Controller
Sun Coast Healthcare, Inc.

amd

Enclosures (4)