

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91170 001 ***122.50

DOCUMENT # N07186

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2545650

Applied For

Not Applicable

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 33774**

Name

LARRY J. ARCHBELL

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

2025 INDIAN ROCKS ROAD

City

LARGO

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

5/29/02

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, JEFFREY A 2025 INDIAN ROCKS ROAD LARGO FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTR OTTAVIANI, ANTHONY DO 464 BLUFFVIEW DR BELLEAIR BLUFFS FL 34640	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTR DIGIOVANNI, ROBERT D 9960 FRANK DRIVE, WEST SEMINOLE FL 34646	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TAYLOR, J.ERIC 18 FERNBROOKE DRIVE SAFETY HARBOR FL 34695	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STTR SULLIVAN, CLAUDE 14106 KENSINGTON OAK PL LARGO FL 34644	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIRMAN HAWKINS, T.D. 11687 TRADWINDS BLVD LARGO FL 33773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARCHBELL, LARRY J. 2025 INDIAN ROCKS ROAD LARGO FL 33774	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LOWERY, G. DAVID 212 HARBORVIEW LARGO FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/29/02 727/586-7100

Date Daytime Phone #

CR2E037 (9/01)

SUN COAST HEALTHSYSTEM, INC., 2002 BOARD OF DIRECTORS

William C. Hulley, D.O.	Res: 294 Bellview Blvd., Belleair, 34616
Duke L. Mitchell	Res: 9968 Oaks Lane, Seminole 33772
Stephen Spencer	Res: 1581 Alexander Rd., Belleair, 33756
Jeffrey Grove, D.O.	Res: 301 Osceola Rd., Belleair, FL 33756
James Eutzler, D.O.	Res: 7888 Lantana Road, Largo 33777
Danell Griswold DeBerg	Res: 7678 15th Ave.N. St. Pete 33710
Robbie George	Res: 9699 125th Street N., Seminole 33772
John Ardolino	Res: 10 Sunset Bay Drive, Belleair 33756
James H. Wallace, D.O.	Res: 14112 Josephine Dr., Largo 34644
Norm Stein	Res: 1582 Gulf Blvd., Clearwater 33767