

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 20, 2007
Secretary of State

DOCUMENT# N07186

Entity Name: SUN COAST HEALTH SYSTEM, INC.**Current Principal Place of Business:**2025 INDIAN ROCKS RD.
LARGO, FL 337741035 US**New Principal Place of Business:****Current Mailing Address:**2025 INDIAN ROCKS ROAD
LARGO, FL 33774 US**New Mailing Address:****FEI Number:** 59-2545650**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LENTZ, DARRELL M CEO
2025 INDIAN ROCKS RD.
LARGO, FL 337741035 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LENTZ, DARRELL M CEO
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

Title: VP () Delete
Name: TOURNADE, DAVID J COO
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

Title: S () Delete
Name: LUSKA, BETTY V
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

Title: C (X) Delete
Name: OTTAVIANI, ANTHONY N
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

Title: VC (X) Delete
Name: HAWKINS, THERON D
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OTTAVIANI, ANTHONY N DO
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

Title: VP (X) Change () Addition
Name: HAWKINS, THERON D
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

Title: S (X) Change () Addition
Name: GEORGE, ROBERT
Address: 2025 INDIAN ROCKS ROAD
City-St-Zip: LARGO, FL 337741035 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY OTTAVIANI

P

09/20/2007

Electronic Signature of Signing Officer or Director

Date