

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N94000004971**

1. Corporation Name

SUN COAST COMMUNITY CARE, INC.

Principal Place of Business

2025 INDIAN ROCKS ROAD
LARGO FL 33774
US

Mailing Address

P O BOX 2025
LARGO FL 33779
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1994

5. FEI Number

59-3282590

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
S	MARTINES, LINDA BONETTI, LINDA	2025 INDIAN ROCKS ROAD	LARGO FL
D	HOLTZ, RICHARD OKESON, NICK	2025 INDIAN ROCKS ROAD	LARGO FL 33774
C	HULLEY, WILLIAM	2025 INDIAN ROCKS ROAD	LARGO FL
V	KEWESHAN, WILLIAM	2025 INDIAN ROCKS ROAD	LARGO FL
D	COLLINS, JEFFREY A.	2025 INDIAN ROCKS ROAD	LARGO FL
D	WORTH, RANDAL	2025 INDIAN ROCKS RD.	LARGO FL

(NOT ATTACHED)

8. Name and Address of Current Registered Agent

COLLINS, JEFFREY A
2025 INDIAN ROCKS ROAD
LARGO FL 33774

9. Name and Address of New Registered Agent

Name

Street Address

Suite, Apt. #, Etc.

City

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TS

100003051931--7

-11/22/99--01138--011

***236.25 FL ***236.25

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

REGISTERED AGENT MUST SIGN

Date 10/25/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm C Hulley

Date

10/26/99

Daytime Phone #

FILED

99 NOV -8 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR20040 (8/99)

NAME OF OFFICERS
AND/OR DIRECTORS

STREET ADDRESS OF
EACH OFFICER AND/OR DIR.

CITY/STATE/ZIP

D Speros Hampilos, D.O.

2025 Indian Rocks Rd.

Largo, FL 33774

D Gerald Fitzgerald, D.O.

2025 Indian Rocks Rd.

Largo, FL 33774

D Cathy Newhouse, R.N., MPH

2025 Indian Rocks Rd.

Largo, FL 33774

D Alain Scherer

2025 Indian Rocks Rd.

Largo, FL 33774

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