

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089796

Entity Name: SUN COAST REGIONAL, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

6900 S. GRAY ROAD
INDIANAPOLIS, IN 46237

New Principal Place of Business:

Current Mailing Address:

6900 S. GRAY ROAD
INDIANAPOLIS, IN 46237

New Mailing Address:

FEI Number: 35-2120355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACKSON, ETHAN
Address: 6900 S GARY RD
City-St-Zip: INDIANAPOLIS, IN 46237

Title: VPTD () Delete
Name: JACKSON, BLAKE A
Address: 6900 S GRAY RD
City-St-Zip: INDIANAPOLIS, IN 46237

Title: PD () Delete
Name: JACKSON, WESSLEY
Address: 6900 S GRAY RD
City-St-Zip: INDIANAPOLIS, IN 46237

Title: VPD () Delete
Name: JACKSON, KYLE
Address: 6900 S GARY RD
City-St-Zip: INDIANAPOLIS, IN 46237

Title: S () Delete
Name: WILLIAMS, TERESA
Address: 6900 S GRAY RD
City-St-Zip: INDIANAPOLIS, IN 46237

Title: VP () Delete
Name: COX, DAVID
Address: 9421 HUNTER POND DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA C. WILLIAMS

SEC

04/21/2009

Electronic Signature of Signing Officer or Director

Date