

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079726

FILED
Sep 02, 2009
Secretary of State

Entity Name: SUN COAST RESIDENTIAL CARE, INCORPORATED

Current Principal Place of Business:

813 SW 9TH STREET
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

813 SW 9TH STREET
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MUTHRA, ANTHONY
813 SW 9TH STREET
HALLANDALE, FL 33009 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUTHRA, ANTHONY
Address: 813 SW 9TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: VPD () Delete
Name: MUTHRA, HYACINTH
Address: 1030 NE 176 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ANTHONY MUTHRA

PD

09/02/2009

Electronic Signature of Signing Officer or Director

Date