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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90126 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000062896

1. Corporation Name

SUNCOAST HEALTH AT HOME, INC.



Principal Place of Business

**202 HUNTER CT
PALM HARBOR FL 34684**

Mailing Address

**202 HUNTER CT
PALM HARBOR FL 34684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

59-3396887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 711-A Loudon Ave

2a. Mailing Address

26 711-A Loudon Ave

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

23 Dunedin FL

City & State

28 Dunedin, FL

Zip Country

24 34698 25

Zip Country

29 34698 30

9. Name and Address of Current Registered Agent

**DAHLMANN, CORNELIA
202 HUNTER CT
PALM HARBOR FL 34684**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **DAHLMANN, CORNELIA**
STREET ADDRESS **202 HUNTER CT**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ DELETE
NAME **KANE, KATHRYN G**
STREET ADDRESS **2455 WORTHINGTON ROAD**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE **Kane, Kathryn** ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **536 Scotland St**
24 CITY-ST-ZIP **Dunedin, FL 34698**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathryn G Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99

Date

(727) 738-5115

Daytime Phone #

CR2E034 (11/98)