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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 Mailing Address			
202 HUNTER CT PALM HARBOR FL 34684 202 HUNTER CT PALM HARBOR FL 34684			
FALM TIANDON FE 34004		DO NOT WRITE IN THI	S SPACE
		3. Date Incorporated or Qualifed	
		07/19/1996	
2. Principal Place of Business A 2a Mailing Address	1 0	4. FEI Number	Applied For
21 711-A Louden Ave 26 711-4 Lou	den Ave	59-3396887	Not Applicable
Suite, Apt #, etc. Suite, Apt #, etc 27	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State City & State City & State Dunedin	21	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip 34698 25 29 34698	Country 30	This corporation owes the current year In Personal Property Tax.	ntangible □ Yes ⊉ No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	d Agent
DALIJAMANINI CODNICIJA	81 Name		
DAHLMANN, CORNELIA 202 Hunter Ct	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
PALM HARBOR FL 34684	83		
	84 City	F	85 Zip Code
 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at 677 678. Florida. 	uthorized by the corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appe	of changing its registered ointment as registered
office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of, Section 607.0505, Flor SIGNATURE	uthorized by the corpora	ation's board of directors. I hereby accept the appli	of changing its registered pintment as registered
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14. 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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

61 TITLE

62 NAME 63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

DELETE

Change

Addition

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90126 050 ***150.00