

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000062896

1. Entity Name
SUNCOAST HEALTH AT HOME, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90048 045 ***158.75

Principal Place of Business
711-A LOUDEN AVE
DUNEDIN FL 34698

Mailing Address
711-A LOUDEN AVE
DUNEDIN FL 34698

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number 59-3396887
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAHLMANN, CORNELIA
202 HUNTER CT
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
Name Kathryn G. Kane
Street Address (P.O. Box Number is Not Acceptable)
536 Scotland St
City Dunedin FL Zip Code 34698

8. 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 Kathryn G. Kane

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-25-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME DWYER, CORNELIA
STREET ADDRESS 450 GRANT ST
CITY-ST-ZIP DUNEDIN FL 34698

Delete

TITLE D
NAME KANE, KATHRYN G
STREET ADDRESS 536 SCOTLAND ST
CITY-ST-ZIP DUNEDIN FL 34698

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 report or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/01)