

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90151 059 \*\*\*150.00  
04-14-1999 90151 060 \*\*\*\*\*8.75

DOCUMENT # P98000060795

1. Corporation Name

SUNCOAST HOME CARE AND MEDICAL SUPPLY SERVICE IN  
C.

Principal Place of Business  
1880 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33409

Mailing Address  
1880 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1998

4. FEI Number

65-0846811

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 2919-C N. Military

Suite, Apt. #, etc.

22 -C-

City & State

23 WEST Palm BEACH

Zip

24 33401

Country

25 P.B.

2a. Mailing Address

26 2919-C North Military

Suite, Apt. #, etc.

27 -C-

City & State

28 W.P.B.

Zip

29 33409

Country

30 P.B.

9. Name and Address of Current Registered Agent

MAJOR, PATRICIA  
1880 OLD OKEECHOBEE ROAD  
WEST PALM BEACH FL 33409

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

Patricia Major

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-99

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MAJOR, PATRICIA

STREET ADDRESS 1880 OLD OKEECHOBEE ROAD

CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE DST ☐ DELETE

NAME MAJOR, MARJOT

STREET ADDRESS 4511 N.W. 45TH STREET

CITY-ST-ZIP LAUDERHILL-FL-33313

TITLE D ☐ DELETE

NAME METOYER, EDWIN V

STREET ADDRESS 4511 N.W. 45TH STREET

CITY-ST-ZIP LAUDERHILL FL 33313

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME MAJOR - PATRICIA

1.3 STREET ADDRESS 2919-C NORTH MILITARY TRAIL

1.4 CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Patricia Major

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)