



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 050 ***550.00

DOCUMENT # P99000024504					
1. Entity Name BAYSIDE HEALTHCARE REHAB, INC. <i>DBA Suncoast Total Healthcare, Inc.</i>					
Principal Place of Business 1903 LUMSDEN ROAD BRANDON, FL 33511			Mailing Address 1903 LUMSDEN ROAD BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # <i>615 Vanderburg Dr.</i>		3. Mailing Address <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Brandon FL</i>		City & State		4. FEI Number 59-3563064	
Zip 33511		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOMHOFF, PHILIP JR, ESQ 5327 COMMERCIAL WAY PARK PLACE, SUITE D-122 SPRING HILL, FL 34606				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating)					
DATE: 7-19-07					
FILE NOW! FEE IS \$550.00 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONOFRIO, KEVIN 2503 CULBREATH COVE COURT VALRICO, FL 33594		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7-19-07 Daytime Phone #: 813-760-6161					

ATTACHMENT

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help
<div>40127451</div> <div># P99000024504</div>					
Fictitious Name Detail					
Fictitious Name SUNCOAST TOTAL HEALTHCARE					
Filing Information					
Document Number	G07141700073				
Status	ACTIVE				
Filed Date	05/21/2007				
Expiration Date	12/31/2012				
Current Owners	1				
County	HILLSBOROUGH				
Total Pages	1				
Events Filed	NONE				
FEI Number	NONE				
Mailing Address					
1903 W LUMSDEN RD BRANDON, FL 33511					
Owner Information					
BAYSIDE HEALTHCARE REHAB, INC. 1903 W LUMSDEN RD BRANDON, FL 33511 FEI Number: 59-3563064 Document Number: P99000024504					
Document Images					
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