2000 UNIFORM BUSIN. SS REPORT (UBR)

FILED

00 JUL -3 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000072773

1. Entity Name

SUN COAST HEALTH CARE CENTER #1, INC

Principal Place of Business / Mailing Address

1234 NE 4 AVENUE
SUITE B
FT LAUDERDALE, FL 33304

6/7/00 90444|003 $150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number
55-0943984
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARY D GELCH, ESQ.
GELCH & TAYLOR, P.A
8751 W BROWARD BLVD. SUITE 408
PLANTATION FLORIDA 33324

7. Name and Address of New Registered Agent

Name

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

City | FL | 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN S
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete BRUCE GELCH 1234 NE 4 AVENUE SUITE B FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ROBERT HANOPOLE 1234 NE 4 AVENUE SUITE B FT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MARIE M PAUL 1407 N 74 TERR HOLLYWOOD, FLORIDA 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete JEAN R ACHILLE 4400 NW 5 PLACE PLANTATION, FLORIDA 33317	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Bruce Gelch authorized me to add officer titles on 7/7/00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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: Bruce Gelch BRUCE GELCH 4/30/01 (954) 437-5414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL323A (F)