

2000 UNIFORM BUSINESS REPOF (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 990000072784			
1. Entry Name SUN COAST HEALTH CARE MANAGEMENT, INC.			
Principal Place of Business		Mailing Address	
1234 NE 4 AVENUE STE B FT LAUDERDALE FL 33304		1234 NE 4 AVENUE STE B FT LAUDERDALE FL 33304	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent		6. Name and Address of New Registered Agent	
GARY D GELCH 8751 W BROWARD BLVD. SUITE 403 PLANTATION FLORIDA 33324		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 reappointing) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BRUCE GELCH 1234 NE 4 AVENUE STE B FT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ROBERT HANCOCK 1234 NE 4 AVENUE STE B FT LAUDERDALE FL 33304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARIE PAUL 1407 N 74 TERR HOLLYWOOD FL 33024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JEAN R ACHILLE 4400 NW 5 PLACE PLANTATION FL 33017	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.37(3)(f), 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 507, 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: <u>Bruce Gelch</u> <u>BRUCE GELCH</u>		Date: <u>4/30/00</u> Daytime Phone #: <u>737-5414</u>	