

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91891 029 ***150.00

DOCUMENT # P99000092966	
1. Entity Name SUN COAST HEALTH CARE CENTER # 2, INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8320 W. SUNRISE BLVD Suite, Apt. #, etc. SUITE 111 City & State PLANTATION FL Zip 33322 Country USA		3. Mailing Address 8320 W. SUNRISE BLVD Suite, Apt. #, etc. SUITE 111 City & State PLANTATION FL Zip 33322 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0956571		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name GARY D. GELCH			
Street Address (P.O. Box Number is Not Acceptable) GELCH & TAYLOR, P.A.			
8751 W. BROWARD BLVD., STE 408			
City PLANTATION		Zip Code FL 33324	

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRUCE GELCH 1234 NE 4TH AVENUE, SUITE B FT. LAUDERDALE FL 33404	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT J. HANOPOLE 8320 W. SUNRISE BLVD, STE 111 FT. LAUDERDALE FL 33322	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-03 954 423-0020