

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -3 AM 9:17

DOCUMENT # S25432 (3)

1. Corporation Name

SUN COAST HEALTHCHOICE, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2025 INDIAN ROCKS RD.
 LARGO FL 34644**

**2025 INDIAN ROCKS RD.
 LARGO FL 34644**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1991

3a. Date of Last Report

04/12/1994

4. FEI Number

59-3063224

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. Does corporation have liability for establishing tax under 5, 1043 (1)(2)

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, JEFFREY A
 SUN COAST HOSPITAL
 2025 INDIAN ROCKS RD.
 LARGO FL 34644**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip (XXXX)

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of person or persons registered agent and the corporation)

(Signature of Registered Agent or person or persons registered agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	D
STREET ADDRESS	COLLINS, JEFFREY A.
CITY, ST, ZIP	2025 INDIAN ROCKS RD. LARGO FL
NAME	D
STREET ADDRESS	ALBERTUS, MARY JANE
CITY, ST, ZIP	2025 INDIAN ROCKS RD. LARGO FL
NAME	D
STREET ADDRESS	KEWESHAN, WILLIAM T.
CITY, ST, ZIP	2025 INDIAN ROCKS RD. LARGO FL
NAME	D
STREET ADDRESS	EUTZLER, JAMES C.
CITY, ST, ZIP	2025 INDIAN ROCKS RD. LARGO FL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
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CITY, ST, ZIP		
NAME		☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.11(2)(b), Florida Statutes. I further certify that the information submitted on this annual report or tag confidential 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 make this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Jeffrey A. Collins
 (Signature and typed or printed name of signing officer or director)

Jeffrey A. Collins

Charles Collins
 Charles Collins