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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S85134

(2)

SUNCOAST VITAL CARE, INC.

FILED
Mar 26 1997 8:00am
Secretary of State



A 141	ace of Business	Mailing A	ddress				7 19371071	10) 10(0) 0((0) 11 <b>50</b>			14 BIBIS #5#41	41811 1881
BROOKSYILL	ERSON ST	PO BOX 6	35 LLE FL 34806-(	<b>1</b> 635								
US		US	CLE 12 91000	••••			3. Date Inc. 10/04/	orporated or O	ualified		e of Last F 5/1996	Report
<b>⊢</b> '	1 Place of Business	2a. Mailing	g Address				4. FEI Num	ber 00922		· · ·	A	pplied For ot Applicable
21 Suite, Ar	of #. etc	·····	Apt. #, etc.			<del>-</del>						Additional
22	,,,,	27	•••••			_	5. Certifica	te of Status Des	sired 			equired
City & St	tate	City &	State				l:	Campaign Fina	-	p		May Be
23		28		1 0.				nd Contribution		<u> </u>		to Fees
Zip	Country	Zip		<b>-</b>	untry		8. This con	poration has lial		itangible t Yes		s. 199.032
24	25   9. Name and Address of Cu	29  urrent Registered A	aent	30	7			nd Address of				
C	APITAL CONNECTION				61	Name					•	
	17 E VIRGINIA STREET				82	Chron	Address (P.O. Box I	lumber in Not /	annaniahi	۵)		·
	UITE ONE				02	Street	Address (P.O. Box )	NUMBER IS NOU	cceptaor	u)		
TA	VLLAHASSEE FL 32301				83							
					84	City					<b>85</b> Zip	Code
	int to the provisions of Sections 607			••,.	<u>                                     </u>					FL	<u> </u>	· · · · · · · · · · · · · · · · · · ·
SIGNATURI	Signature typod or posted name of register	ed agent and trie if applicat S AND DIRECTORS	ble (NC	TE: Register		nt signature	required when reinstating)	S/CHANGES T	O OFFICE	DATE RS AND	DIRECTO	RS IN 12
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I do 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 annual report or supplemental 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 office or director of the complementation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if officings, or of an attachment with an orderess.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #