

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S85134 (2)  
1. Corporation Name  
SUNCOAST VITAL CARE, INC.



Principal Place of Business PO BOX 635 BROOKSVILLE FL 34005-0635 US	Mailing Address PO BOX 635 BROOKSVILLE FL 34005-0635 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 277 West Jefferson Street Suite, Apt. #, etc. 22 City & State 23 Zip 34601 Country 24		2a. Mailing Address 26 C/O GRUBER AND ASSOCIATES, P.A. Suite, Apt. #, etc. 27 1650 Southeast 17th Street, 301 City & State 28 FORT LAUDERDALE FL Zip 33316-1725 Country 29 US 30		3. Date Incorporated or Qualified 10/04/1991	
		4. FEI Number 59-3100922		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent VITOLA, RALPH M. 277 WEST JEFFERSON STREET BROOKSVILLE FL 34001 WEST				10. Name and Address of New Registered Agent 81 Name M. 82 Street Address (P.O. Box Number is Not Acceptable) C/O GRUBER AND ASSOCIATES, P.A. 83 1650 Southeast 17th Street #301 84 City FORT LAUDERDALE FL 85 Zip Code 33316-1725	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

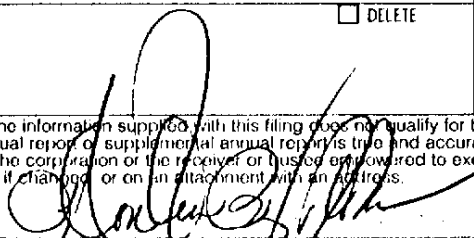
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITOLA, MONTEEN B.	1.2 NAME	
STREET ADDRESS	1212 MELVILLE AVE	1.3 STREET ADDRESS	277 WEST JEFFERSON STREET
CITY - ST - ZIP	SPRINGHILL FL	1.4 CITY - ST - ZIP	BROOKSVILLE, FL 34601
TITLE	VB	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITOLA, LUCILLE	2.2 NAME	
STREET ADDRESS	1542 OVERLAND DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPRINGHILL FL	2.4 CITY - ST - ZIP	
TITLE	B	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, HENRY	3.2 NAME	
STREET ADDRESS	RT 2 BOX 114A	3.3 STREET ADDRESS	
CITY - ST - ZIP	HAWTHORNE FL	3.4 CITY - ST - ZIP	
TITLE	SAD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VITOLA, RALPH M.
STREET ADDRESS		4.3 STREET ADDRESS	277 WEST JEFFERSON STREET
CITY - ST - ZIP		4.4 CITY - ST - ZIP	BROOKSVILLE, FL 34601
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



2/19/98 954-Sunnn

CF2E034 (10/97)