

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0324879 AV

DOCUMENT # S85134

1. Entity Name

SUNCOAST VITAL CARE, INC.

04-16-2002 90065 010 ***150.00

Principal Place of Business

**277 WEST JEFFERSON STREET
 BROOKSVILLE FL 34602-2524
 US**

Mailing Address

**C/O GRUBER AND ASSOCIATES PA
 1650 SOUTHEAST 17TH STREET STE 301
 FORT LAUDERDALE FL 33316-1735
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3100922

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITOLA, MONTEEN B.
 277 WEST JEFFERSON STREET
 BROOKSVILLE FL 34602-2524**

no change necessary as it is correct as it is

Name

B.

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 reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **VITOLA, MONTEEN B.**
 STREET ADDRESS **277 WEST JEFFERSON STREET**
 CITY-ST-ZIP **BROOKSVILLE FL 34602-2524**

☐ Delete

TITLE
 NAME **277 WEST JEFFERSON STREET**
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2002 954-522-2000

Date

Daytime Phone #

CR2E034 (9/01)