

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90028 044 \*\*\*150.00

<b>DOCUMENT # S85134</b> 1. Entity Name <b>SUNCOAST VITAL CARE, INC.</b>					
Principal Place of Business <b>277 WEST JEFFERSON STREET BROOKSVILLE, FL 34601-2524 US</b>				Mailing Address <b>C/O GRUBER AND ASSOCIATES, P.A. 6560 NORTH FEDERAL HIGHWAY, SUITE 522 FORT LAUDERDALE, FL 33308-1417 US</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 635</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>BROOKSVILLE</b>			
City & State 		City & State <b>FL</b>			
Zip 		Zip <b>34605</b>			
Country 		Country <b>USA</b>		4. FEI Number <b>59-3100922</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VITOLA, MONTEEN B 277 WEST JEFFERSON STREET BROOKSVILLE, FL 33601-2524</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST VITOLA, MONTEEN B 277 WEST JEFFERSON STREET BROOKSVILLE, FL 346012524</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>			Date: <b>3/11/05</b> City/Phone: <b>352-796-1222</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					