

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S85134

Entity Name: SUNCOAST VITAL CARE, INC.

**FILED**  
**Aug 20, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

277 WEST JEFFERSON STREET  
BROOKSVILLE, FL 346012524 US

**New Principal Place of Business:**

**Current Mailing Address:**

277 WEST JEFFERSON STREET  
BROOKSVILLE, FL 34601

**New Mailing Address:**

FEI Number: 59-3100922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VITOLA, MONTEEN B  
277 WEST JEFFERSON STREET  
BROOKSVILLE, FL 336012524 US

**Name and Address of New Registered Agent:**

AMIN, CHIRAG  
277 WEST JEFFERSON STREET  
BROOKSVILLE, FL 34601 US

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: CHIRAG AMIN

08/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: VITOLA, MONTEEN B  
Address: 277 WEST JEFFERSON STREET  
City-St-Zip: BROOKSVILLE, FL 346012524 US

Title: VP ( ) Delete  
Name: DUBAL, HEMAL  
Address: 277 WEST JEFFERSON STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DUBAL, HEMAL  
Address: 277 WEST JEFFERSON STREET  
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: VPD (X) Change ( ) Addition  
Name: PATIDAR, ADITI  
Address: 277 WEST JEFFERSON STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: S ( ) Change (X) Addition  
Name: AMIN, CHIRAG  
Address: 277 WEST JEFFERSON STREET  
City-St-Zip: BROOKSVILLE, FL 34601

Title: T ( ) Change (X) Addition  
Name: PATIDAR, KIRIT  
Address: 277 WEST JEFFERSON STREET  
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEMAL DUBAL

PD

08/20/2007

Electronic Signature of Signing Officer or Director

Date