2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# S85134

Entity Name: SUNCOAST VITAL CARE, INC.

Current Principal Place of Business:

5330 SPRING HILL DR, UNIT E
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

5330 SPRING HILL DR, UNIT E
SPRING HILL, FL 34606 US

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:

AMIN, CHIRAG
5330 SPRING HILL DR, UNIT E
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

AMIN, CHIRAG
5330 SPRING HILL DR, UNIT E
SPRINGHILL, FL 34606 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 04/05/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD
Name: DUBAL, HEMAL
Address: 5330 SPRING HILL DR, UNIT E
City-St-Zip: SPRING HILL, FL 34606 US

Title: VPD
Name: PATIDAR, ADITI
Address: 5330 SPRING HILL DR, UNIT E
City-St-Zip: SPRING HILL, FL 34606

Title: S
Name: AMIN, CHIRAG
Address: 5330 SPRING HILL DR, UNIT E
City-St-Zip: SPRING HILL, FL 34606

Title: T
Name: PATIDAR, KIRIT
Address: 5330 SPRING HILL DR, UNIT E
City-St-Zip: SPRING HILL, FL 34606

I hereby 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 all other like empowered.

SIGNATURE: CHIRAG AMIN S 04/05/2010
Electronic Signature of Signing Officer or Director Date