

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85134

FILED  
Jan 17, 2011  
Secretary of State

**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  
SPRINGHILL, FL 34606 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**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

01/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date