

FILED
Apr 21, 2003 8:00 am
Secretary of State

0348851 AV

DOCUMENT #		S85134	Secretary of State	
1. Entity Name SUNCOAST VITAL CARE, INC.		69-21-2003 91177 005 ***150.00		
Principal Place of Business 277 WEST JEFFERSON STREET BROOKSVILLE FL 34602-2524 US		Mailing Address C/O GRUBER AND ASSOCIATES PA 1600 SOUTHEAST 17TH STREET STE 201 FORT LAUDERDALE FL 33316-1735 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6550 North Federal Highway, Suite 522		
City & State		City & State Fort Lauderdale, FL		
Zip	Country	Zip	Country	
		33308-1404	US	
4. FEI Number		5. Certificate of Status Desired		
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES		
59-3100922		<input type="checkbox"/> \$8.75 Additional Fee Required		
Applied For		Not Applicable		
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 33601-2524		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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VITOLA, MONTEEN B. 277 WEST JEFFERSON STREET BROOKSVILLE FL 34601-2524 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 power like empowered.				
SIGNATURE: MONTEN B. VITOLA		Date: 3/3/03 Daytime Phone #: 954-22-XXXX		