

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739019

**Entity Name:** SUNCOAST COMMUNITY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

313 S. LAKEWOOD DR.  
BRANDON, FL 33579

**Current Mailing Address:**

313 S. LAKEWOOD DR.  
RIVERVIEW, FL 33511 US

**FEI Number:** 59-1741303

**Certificate of Status Desired:** Yes

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

HERREMANS, BRADLEY PC.E.O  
313 S. LAKEWOOD DR.  
RIVERVIEW, FL 33511 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name SHANAHAN, NINA  
Address 313 S. LAKEWOOD DR.  
City-State-Zip: BRANDON FL 33511

Title SECRETARY  
Name HINSON, PAT  
Address 313 S. LAKEWOOD DR.  
City-State-Zip: BRANDON FL 33511

Title VC  
Name ODOR, PAT L  
Address 313 S. LAKEWOOD DR.  
City-State-Zip: BRANDON FL 33511

Title TREASURER  
Name GARCIA, CARLOS  
Address 313 S. LAKEWOOD DR  
City-State-Zip: BRANDON FL 33511

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NINA SHANAHAN

**CHAIRMAN**

**01/15/2018**

Electronic Signature of Signing Officer/Director Detail

Date