

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739019

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

**Current Principal Place of Business:**

13110 ELK MOUNTAIN DR  
RIVERVIEW, FL 33579

**Current Mailing Address:**

13110 ELK MOUNTAIN DR  
RIVERVIEW, FL 33579 US

**FEI Number:** 59-1741303

**Certificate of Status Desired:** Yes

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

HERREMANS, BRADLEY P C.E.O.  
313 S. LAKEWOOD DR.  
BRANDON, 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:** BRADLEY P. HERREMANS

02/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title TREASURER  
Name HUBER, CONNIE  
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:** PATRICIA HINSON

CHAIRMAN

02/28/2023

Electronic Signature of Signing Officer/Director Detail

Date