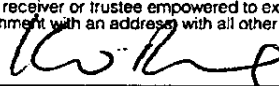


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90044 010 ***158.75

DOCUMENT # F83757 1. Entity Name SUNCOAST G.I. ASSOCIATES, P.A.					
Principal Place of Business 250 2ND STREET E. SUITE 3E BRADENTON FL 34208-1042			Mailing Address 250 2ND STREET E. SUITE 3E BRADENTON FL 34208-1042		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REDDY, KAKUTURU L. 250 2ND STREET EAST SUITE 3E BRADENTON FL 34208				Name 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	REDDY, KAKUTURU L		NAME		
STREET ADDRESS	250 2ND STREET EAST SUITE 3E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DAWSON, MARK S.		NAME		
STREET ADDRESS	250 2ND ST E STE 3E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FAZZARY, MARIE		NAME		
STREET ADDRESS	250 2ND ST E STE 3E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SHASHIDHARA, MALERY		NAME		
STREET ADDRESS	250 2ND STREET E SUITE 3E		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208-1042		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☒ Addition	
NAME	Kocab, Mark		NAME	Kocab, Mark	
STREET ADDRESS	250 2nd ST E STE 3E		STREET ADDRESS	250 2nd ST E suite 3E	
CITY-ST-ZIP	Bradenton, FL 34208-1042		CITY-ST-ZIP	Bradenton, FL 34208-1042	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE:  KAKUTURU L. REDDY 3/1/04 941-748-2417					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					