

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # F83757 1. Entity Name SUNCOAST G.I. ASSOCIATES, P.A.	
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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
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2190460	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REDDY, KAKUTURU L. 250 2ND STREET EAST SUITE 3E BRADENTON, FL 34208

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REDDY, KAKUTURU L 250 2ND STREET EAST SUITE 3E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAWSON, MARK S. 250 2ND ST E STE 3E BRADENTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FAZZARY, MARIE 250 2ND ST E STE 3E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHASHIDHARA, MALERY 250 2ND STREET E SUITE 3E BRADENTON, FL 342081042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOCAB, MARK A 250 2ND ST E STE 3E BRADENTON, FL 342081042
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/22/08-80090-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____