2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F83757

Title:

Name:

Address:

City-St-Zip:

Entity Name: SUNCOAST GILASSOCIATES PA

FILED Apr 28, 2009 Secretary of State

y		01.0.1.7000017(120,1.7)		
Current Principal Place of Business:			New Principal Place of Business:	
250 2ND ST SUITE 3E BRADENTO	TREET E. DN, FL 34208	31042		
Current Mailing Address:			New Mailing Address:	
250 2ND ST SUITE 3E BRADENT(TREET E. DN, FL 34208	31042		
FEI Number:	59-2190460	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
250 2ND ST SUITE 3E	AKUTURU L. TREET EAST DN, FL 34208	3 US		
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
SIGNATUR				
Electronic Signature of Registered Age			ent	Date
Election Cam	paign Financing	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	REDDY, KAKUT	ET EAST SUITE 3E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VPD () DAWSON, MAR 250 2ND ST E S BRADENTON, F	STE 3E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	STD () FAZZARY, MAR 250 2ND ST E S BRADENTON, F	STE 3E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KAKUTURU L. REDDY PD 04/28/2009

() Delete

KOCAB, MARK A

250 2ND ST E STE 3E

BRADENTON, FL 342081042

() Change () Addition