

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 398365

FILED
Jan 31, 2007
Secretary of State

Entity Name: SUNCOAST SURGICAL SUPPLY, INC

Current Principal Place of Business:

4419 NORTH GRADY AVENUE
TAMPA, FL 33614

New Principal Place of Business:

6089 JOHNS ROAD
SUITE 9
TAMPA, FL 33634

Current Mailing Address:

4419 NORTH GRADY AVENUE
TAMPA, FL 33614

New Mailing Address:

6089 JOHNS ROAD
SUITE 9
TAMPA, FL 33634

FEI Number: 59-1387498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAL, ROBBY W.
4215 DEEPWATER LANE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DIAL, ROBBY W.,
Address: 4215 DEEPWATER LANE
City-St-Zip: TAMPA, FL 33615

Title: VP () Delete
Name: DIAL, BRADLEY W
Address: 4215 DEEPWATER LN
City-St-Zip: TAMPA, FL 33615

Title: ST () Delete
Name: DIAL, LOUISE B.,
Address: 4215 DEEPWATER LANE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LOUISE B. DIAL

S/T

01/31/2007

Electronic Signature of Signing Officer or Director

Date