

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000040848

Entity Name: SUNCOAST CERTIFIED MEDICAL EXAMINERS INC.

Current Principal Place of Business:

1648 TAYLOR ROAD
SUITE 608
PORT ORANGE, FL 32128

Current Mailing Address:

1648 TAYLOR ROAD
SUITE 608
PORT ORANGE, FL 32128 US

FEI Number: 82-1469665

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RADAKOVICH, SHARON
2075 FRUITVILLE RD STE 200
SARASOTA, FL 34237 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GREENE, KARLA N DR.
Address 599 MOON PENNY CIRCLE
City-State-Zip: PORT ORANGE FL 32127

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARLA N. GREENE, DC

PRESIDENT

02/13/2018

Electronic Signature of Signing Officer/Director Detail

Date