

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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**95 APR 25 AM 9:08**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # 398365 (7)**

1. Corporation Name

**SUNCOAST SURGICAL SUPPLY, INC**

Principal Place of Business

Mailing Address

**4419 NORTH GRADY AVENUE  
TAMPA FL 33614**

**4419 NORTH GRADY AVENUE  
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/29/1972**

3a. Date of Last Report

**03/15/1994**

4. FEI Number

**59-1367498**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. This corporation has liability for intangible tax under D. 190.032,  
Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

**DIAL, ROBBY W.**

STREET ADDRESS

**4215 DEEPWATER LANE**

CITY-ST-ZIP

**TAMPA FL**

1.1 TITLE

Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE

V

NAME

**EDWARDS, RICHARD C.**

STREET ADDRESS

**16105 CHANCERY PLACE**

CITY-ST-ZIP

**TAMPA FL**

2.1 TITLE

Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

ST

NAME

**DIAL, LOUISE B.**

STREET ADDRESS

**4215 DEEPWATER LANE**

CITY-ST-ZIP

**TAMPA FL**

3.1 TITLE

Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a notation.

SIGNATURE:

*Robby W. Dial*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-20-95**

**813-870-0065**

Date

Telephone Number