

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 398365

FILED  
Apr 16, 2004  
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:**

**Current Mailing Address:**

4419 NORTH GRADY AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

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

**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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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

ST

04/16/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date