

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 498084

FILED
Apr 23, 2012
Secretary of State

Entity Name: SUNCOAST MEDICARE SUPPLY COMPANY, INC.

Current Principal Place of Business:

656 CENTRAL AVE
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

656 CENTRAL AVE
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-1647404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDWIN, BARRY E
256 MONTE CRISTO BLVD
TIERRA VERDE, FL 33715 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

OFFICERS AND DIRECTORS:

Title: PD
Name: BALDWIN, BARRY E
Address: 256-MONTE CRISTO BLVD.
City-St-Zip: TIERRA VERDE, FL 33715

Title: ST
Name: BALDWIN, MARGUERITE N
Address: 4801 QUEEN PALM TERRACE,NE
City-St-Zip: ST.PETERSBURG, FL 33703

Title: VP
Name: BALDWIN, ROBERT T
Address: 201 JULIA CIRCLE N
City-St-Zip: ST PETE BEACH, FL 33706

Title: D
Name: BALDWIN, JOEL D
Address: 720 59TH AVENUE
City-St-Zip: ST PETE BEACH, FL 33706

Title: D
Name: BALDWIN, JEFFREY A
Address: 5750 AARON COURT
City-St-Zip: SARASOTA, FL 34232

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: BARRY E. BALDWIN

PRES

04/23/2012

Electronic Signature of Signing Officer or Director

Date