



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 660207 1. Entity Name SUNCOAST MEDICAL OXYGEN, INC.			
Principal Place of Business 5341 GRAND BLVD. NEW PORT RICHEY, FL 34652 US		Mailing Address 2155 IH-10 EAST BEAUMONT, TX 77701 US	
DO NOT WRITE IN THIS SPACE			
			
		04262004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1981121	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33326		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000139383 04/29/04-80117-015 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTOPHE, TODD 650 THOMAS RD BEAUMONT, TX 77706		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISMAN, GENE 970 N. 21ST STREET BEAUMONT, TX 77706		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HUMPHREY, EUGENE 2155 IH 10 EAST BEAUMONT, TX 77701		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Eugene P. R. T.</u> Vice President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-28-04 <small>Date</small>	409-951-6493 <small>Daytime Phone #</small>