

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729103

FILED  
Jun 30, 2005  
Secretary of State

Entity Name: SUNCOAST HOSPITAL STAFF EDUCATIONAL PROGRAM, INC.

**Current Principal Place of Business:**

2025 INDIAN ROCKS ROAD  
LARGO, FL 33774 US

**New Principal Place of Business:**

**Current Mailing Address:**

2025 INDIAN ROCKS ROAD  
LARGO, FL 33774 US

**New Mailing Address:**

FEI Number: 23-7346118      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OTTAVIANI, ANTHONY N  
2025 INDIAN ROCKS ROAD  
LARGO, FL 33774 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: VP      ( ) Delete  
Name: LOWERY, G. DAVID D.O.  
Address: 2039 INDIAN ROCKS ROAD  
City-St-Zip: LARGO, FL 33774

Title: D      ( ) Delete  
Name: JAMES, GREGORY D.O.  
Address: 13540 WALSHINGHAM ROAD  
City-St-Zip: LARGO, FL 33774

Title: D      ( ) Delete  
Name: SHETTLE, PHILIP L,  
Address: 670 CLEARWATER LARGO RD  
City-St-Zip: LARGO, FL 00000,

Title: P      ( ) Delete  
Name: BERKO, ADAM  
Address: DEPT OF VETERAN AFFAIRS BAY PINES MED CTR  
City-St-Zip: BAY PINES, FL 33744

Title: P      ( ) Delete  
Name: OTTAVIANI, ANOTHONY N  
Address: 2025 INDIAN ROCKS ROAD  
City-St-Zip: LARGO, FL

Title: D      ( ) Delete  
Name: WORTH, RANDAL  
Address: 13644 WALSHINGHAM ROAD  
City-St-Zip: LARGO, FL 33774

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

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

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

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

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

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

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

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

SIGNATURE: ANTHONY N. OTTAVIANI, D.O.

P

06/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date