, 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 17, 2006, 08:00 AM Secretary of State

DQCUMENT # 72910	3
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1. Entity Name SUNCOAST HOSPITAL STAFF EDUCATIONAL PROGRAM, INC.

Principal Place of Business

2025 INDIAN ROCKS ROAD LARGO, FL 33774 US

Mailing Address

2025 INDIAN ROCKS ROAD LARGO, FL 33774



01062006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 23-7346118

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OTTAVIANI, ANTHONY N

2025 INDIAN ROCKS ROAD LARGO, FL 33774			IN THIS SPACE			
8. The above the obligat SIGNATURE_	named entity submits this statement for the plants of registered agent. Signature, types or printed name of registered agent and little			egistered agent, or both	n, in the State of Florida. I am familiar with, and accept	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
TITLE NAME STREET ADORESS CCTY-ST-ZIP	VP LOWERY, G. DAVID D.O. 2039 INDIAN ROCKS ROAD LARGO, FL 33774					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D JAMES, GREGORY D.O. 13540 WALSINGHAM ROAD LARGO, FL 33774				7888989897 01/20/06-80056-019 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHETTLE, PHILIP L 670 CLEARWATER LARGO RD LARGO, FL 00000,			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERKO, ADAM DEPT OF VETERAN AFFAIRS BAY PINES MED CTR BAY PINES, FL 33744			IN THIS SPACE		
TUTLE NAME STREET ADDRESS CITY-ST-ZIP	P OTTAVIANI, ANOTHONY N 2025 INDIAN ROCKS ROAD LARGO, FL					
title Name Street address	D WORTH, RANDAL 13644 WALSINGHAM ROAD					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 eath, 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 in Block 10 or Block 11 if changed, or on an attachment with an address, which all the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR