

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729103

FILED
Mar 02, 2007
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 ()

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
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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 Chapter 119, 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

VP

03/02/2007

Electronic Signature of Signing Officer or Director

_____ Date