

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729103

FILED
Apr 02, 2009
Secretary of State

Entity Name: SUNCOAST HOSPITAL STAFF EDUCATIONAL PROGRAM, INC.

Current Principal Place of Business:

13644 WALSINGHAM RD
LARGO, FL 33774 US

New Principal Place of Business:

Current Mailing Address:

13644 WALSINGHAM RD
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
13644 WALSINGHAM RD
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: D () Delete
Name: STRIKOWSKY, STUART D.O.
Address: 2724 PARK DR
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: ULRICH, NORMAN D.O.
Address: 1762 N FORT HARRISON RD
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: SHETTLE, PHILIP L D.O.
Address: 670 CLEARWATER LARGO RD
City-St-Zip: LARGO, FL 33774

Title: P () Delete
Name: DIGIOVANNI, ROBERT D.O.
Address: 13644 WALSINGHAM RD
City-St-Zip: LARGO, FL 33744

Title: P () Delete
Name: OTTAVIANI, ANOTHONY N D.O.
Address: 13644 WALSINGHAM RD
City-St-Zip: LARGO, FL 33774

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: URICH, NORMAN D.O.
Address: 1762 N FORT HARRISON RD
City-St-Zip: CLEARWATER, FL 33755

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

Title: D (X) Change () Addition
Name: DIGIOVANNI, ROBERT D.O.
Address: 13644 WALSINGHAM RD
City-St-Zip: LARGO, FL 33744

Title: D (X) Change () Addition
Name: OTTAVIANI, ANOTHONY N D.O.
Address: 13644 WALSINGHAM RD
City-St-Zip: LARGO, FL 33774

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

I hereby certify that the information supplied with this filing does not qualify 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

D

04/02/2009

Electronic Signature of Signing Officer or Director

Date