FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN -7 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K21876

1. Corporation Name

Suncoast Medical Group, Inc.

Principal Place of Business	Mailing Address
7401 114th Avenue Suite 503A Largo, Florida 34643-5100	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/18/1988	05/09/94

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2898580	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KRAMER, Peter J. 3195 61st Way North St. Petersburg, Florida 33710	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/D	11 TITLE	☐ Change ☐ Addition
NAME	KRAMER, Peter J.	12 NAME	000001509440
STREET ADDRESS	3195 61st Way North	13 STREET ADDRESS	-06/09/95--01022--001
CITY-ST-ZIP	St. Petersburg, FL 33710	14 CITY-ST-ZIP	****233.75 ****233.75
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, Robert A.	22 NAME	
STREET ADDRESS	8351 Blind Pass Road	23 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg Beach, FL	24 CITY-ST-ZIP	
TITLE	D/V/S	31 TITLE	☐ Change ☐ Addition
NAME	DEBELLA, Thomas A.	32 NAME	
STREET ADDRESS	2052 60th Street North	33 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg, FL	34 CITY-ST-ZIP	
TITLE	V/D	41 TITLE	☐ Change ☐ Addition
NAME	DUNHAM, Maylene	42 NAME	
STREET ADDRESS	11697 78th Terrace North	43 STREET ADDRESS	6/7/95 MS
CITY-ST-ZIP	Seminole, FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	VESEY, James	52 NAME	
STREET ADDRESS	8619 Burning Tree Circle	53 STREET ADDRESS	
CITY-ST-ZIP	Seminole, FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. DeBella June 2, 1995 813-544-0102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas A. DeBella