FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K21876** **(3)**

1. Corporation Name

SUNCOAST MEDICAL GROUP, INC.

Principal Place of Business	Mailing Address
7401 114TH AVE., N. SUITE 503-A LARGO FL 34643-5100 US	7401 114TH AVE., N. SUITE 503-A LARGO FL 34643-5100 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **04/18/1988**

3a. Date of Last Report: **06/07/1995**

4. FEI Number: **59-2898580** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KRAMER, PETER J.
3195 61ST WAY N.
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

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: Peter Kramer — Peter KRAMER — DATE: 2/14/96

(Signature, Typed or Printed Name of Registered Agent and Date required for each filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KRAMER, PETER J.		1.2 NAME	
STREET ADDRESS	3195 61ST WAY N.		1.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL		1.4 CITY, ST, ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, ROBERT A.		2.2 NAME	
STREET ADDRESS	8351 BLIND PASS RD		2.3 STREET ADDRESS	
CITY, ST, ZIP	ST PETERSBURG FL		2.4 CITY, ST, ZIP	
TITLE	DVS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DEBELLA, THOMAS A.		3.2 NAME	
STREET ADDRESS	2052 60TH ST., N.		3.3 STREET ADDRESS	
CITY, ST, ZIP	ST. PETERSBURG FL		3.4 CITY, ST, ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUNHAM, MAYLENE		4.2 NAME	
STREET ADDRESS	11697 78TH TERR N		4.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL		4.4 CITY, ST, ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VESEY, JAMES		5.2 NAME	
STREET ADDRESS	8619 BURNING TREE CIRCLE		5.3 STREET ADDRESS	
CITY, ST, ZIP	SEMINOLE FL		5.4 CITY, ST, ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY, ST, ZIP			6.4 CITY, ST, ZIP	

CR2E034 (12/95)

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: Peter Kramer — 2/14/96 — 544-0102

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

Peter Kramer, PRESIDENT