

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Aug 07 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **K21876** (3)

1. Corporation Name
SUNCOAST MEDICAL GROUP, INC.

Principal Place of Business

**7401 114TH AVE. N.
SUITE 503-A
LARGO FL 34643-5100
US**

Mailing Address

**7401 114TH AVE. N.
SUITE 503-A
LARGO FL 33773-5100
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24 9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
04/18/1988

3a. Date of Last Report
02/19/1996

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

10. Name and Address of New Registered Agent

81 Name **Michael H. Alden**

82 Street Address (P.O. Box Number is Not Acceptable)
100 SECOND AVENUE SOUTH

83 **SUITE 701**

84 City **ST. PETERSBURG** **FL** **85** Zip Code **33701**

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 *Michael H. Alden* **MICHAEL H. ALDEN, SECRETARY**

7/30/97

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **KRAMER, PETER J.**
STREET ADDRESS **3195 61ST WAY N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☐ DELETE
NAME **DOUGLASS, ROBERT A.**
STREET ADDRESS **8351 BLIND PASS RD**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **DVS** ☒ DELETE
NAME **DEBELLA, THOMAS A.**
STREET ADDRESS **2052 60TH ST., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **VD** ☒ DELETE
NAME **DUNHAM, MAYLENE**
STREET ADDRESS **11697 78TH TERR N**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☐ DELETE
NAME **VESEY, JAMES**
STREET ADDRESS **8619 BURNING TREE CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **CD** ☐ Change ☒ Addition
2.2 NAME **LANCE A. ALVES**
2.3 STREET ADDRESS **7401 114TH AVENUE NORTH**
2.4 CITY-ST-ZIP **LARGO, FL 34643-5100**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **MICHAEL H. ALDEN**
3.3 STREET ADDRESS **100 SECOND AVENUE SOUTH**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

4.1 TITLE **VT** ☐ Change ☒ Addition
4.2 NAME **SCOTT HECK**
4.3 STREET ADDRESS **8681 BARDMOOR BLVD., #605**
4.4 CITY-ST-ZIP **LARGO, FL 33777**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 any attachment with an address.

SIGNATURE *Michael H. Alden* **07/30/97** **813-822-2033**

CR2E034 (9/96)