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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:20

DOCUMENT # **K85725** **(5)**

1. Corporation Name
SUNCOAST METABOLISM ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O PLEVIN & DRUCKER 34041 US HWY 19 N PALM HARBOR FL 34684 US	C/O PLEVIN & DRUCKER 34041 US. HWY 19 N PALM HARBOR FL 34684 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1989	3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2949141	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 C/O PLEVIN & DRUCKER	26 C/O PLEVIN & DRUCKER
Suite, Apt. #, etc. 22 34041 U.S. HWY. 19 N. #8	Suite, Apt. #, etc. 27 34041 U.S. HWY 19 N. #8
City & State 23 PALM HARBOR, FLORIDA	City & State 28 PALM HARBOR, FLORIDA
Zip 24 34684 Country 25 US	Zip 29 34684 Country 30 US

9. Name and Address of Current Registered Agent

SANDFORD N PLEVIN
100 DEERPATH DR
OLDSMAR FL 34677

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 607.1608, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PLEVIN, SANFORD N.	12 NAME	
STREET ADDRESS	100 DEERPATH DR	13 STREET ADDRESS	
CITY ST ZIP	OLDSMAR FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DRUCKER, JERRY	22 NAME	
STREET ADDRESS	836 PARK CT	23 STREET ADDRESS	
CITY ST ZIP	PALM HARBOR FL	24 CITY - ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY - ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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: JERRY DRUCKER MD 3/20/95 813/784-3800
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Telephone Number

036007 CP