

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000007620 1. Entity Name SUNCOAST ASSOCIATION OF MEDICAL INSTRUMENTATION INC.			
Principal Place of Business 5 SO. HERCULES AVE. CLEARWATER, FL 33765 US		Mailing Address 5 SO. HERCULES AVE. CLEARWATER, FL 33765 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAFTON, ADAM L 248 ROYAL PALM DR. LARGO, FL 33771		Name PAULA A. CAREY	
		Street Address (P.O. Box Number is Not Acceptable) 911 PENINSULA RD	
		City Tarpon Springs FL Zip Code 34689	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Paula A Carey</i></u>		DATE <u>7/7/07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$297.50		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANOUSEK, JOSEPH A	NAME	
STREET ADDRESS	5 SO. HERCULES AVE.	STREET ADDRESS	100105938941
CITY-ST-ZIP	CLEARWATER, FL 33765	CITY-ST-ZIP	07/11/07--01049--005 **297.50
TITLE	SEC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, JOHN R	NAME	
STREET ADDRESS	1106 VINETREE DR.	STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33510	CITY-ST-ZIP	
TITLE	TRES <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAFTON, ADAM L	NAME	TRES CAREY, PAULA A
STREET ADDRESS	248 ROYAL PALM DR.	STREET ADDRESS	911 Peninsula Rd
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Paula A Carey</i></u>		DATE <u>7/7/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

07 JUL 11 2007 9:54
TALLahassee, FLORIDA

REINSTATEMENT *07/07/07*