


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	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAFTON, ADAM L 248 ROYAL PALM DR. LARGO, FL 33771			7. Name and Address of New Registered Agent 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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7/7/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	P HANOUSEK, JOSEPH A 5 SO. HERCULES AVE. CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 100105938941 07/11/07--01049--005 **297.50 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RICHARDSON, JOHN R 1106 VINETREE DR. BRANDON, FL 33510	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES GRAFTON, ADAM L 248 ROYAL PALM DR. LARGO, FL 33771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRES CAREY, PAULA A 911 Peninsula Rd Tarpon Springs, FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>7/7/07</u> <small>Daytime Phone #</small>	

07 JUL 11 21 9:54
TALLAHASSEE, FLORIDA



REINSTATEMENT