

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093863

FILED  
Sep 08, 2004  
Secretary of State

Entity Name: SAND DOLLAR MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

5200 SEMINOLE BLVD.  
SUITE J  
ST. PETERSBURG, FL 33708

## New Principal Place of Business:

12199 83RD AVE. N.  
SEMINOLE, FL 33772

## Current Mailing Address:

5200 SEMINOLE BLVD.  
SUITE J  
ST. PETERSBURG, FL 33708

## New Mailing Address:

12199 83RD AVE. N.  
SEMINOLE, FL 33772

FEI Number: 75-3079092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCOTT, TIMOTHY S  
2105 COLUMNS CIRCLE  
SEMINOLE, FL 33772 US

## Name and Address of New Registered Agent:

SCOTT, TIMOTHY S  
12199 83RD AVE. N.  
SEMINOLE, FL 33772 US

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.

SIGNATURE:

09/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SCOTT, TIMOTHY S  
Address: 2105 COLUMNS CIRCLE  
City-St-Zip: SEMINOLE, FL 33772

Title: VP ( ) Delete  
Name: SCOTT, CYNTHIA M  
Address: 2105 COLUMNS CIRCLE  
City-St-Zip: SEMINOLE, FL 33772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SCOTT, TIMOTHY S  
Address: 12199 83RD. AVE N.  
City-St-Zip: SEMINOLE, FL 33772

Title: VP (X) Change ( ) Addition  
Name: SCOTT, CYNTHIA M  
Address: 12199 83 RD AVE N.  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY S. SCOTT

P

09/08/2004

Electronic Signature of Signing Officer or Director

Date