

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000008790

FILED
Mar 01, 2005
Secretary of State

Entity Name: SUNCOAST TRAUMA CENTER, INC.

Current Principal Place of Business:

815 CRENSHAW LAKE RD
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

815 CRENSHAW LAKE ROAD
LUTZ, FL 33548

New Mailing Address:

FEI Number: 06-1672599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, CHRISTOPHER S
815 CRENSHAW LAKE ROAD
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MILLER, CHRISTOPHER S
Address: 815 CRENSHAW LAKE ROAD
City-St-Zip: LUTZ, FL 33548

Title: VP () Delete
Name: PYLE, JAMES W III
Address: 18118 N US HWY 41 #22B
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER S. MILLER

P

03/01/2005

Electronic Signature of Signing Officer or Director

Date