

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000028910 (6)

1. Corporation Name
SUNCOAST MEDICAL PROPERTIES, INC.

Principal Place of Business
2400 SOUTH MCCALL RD.
ENGLEWOOD FL

Mailing Address
2400 SOUTH MCCALL RD.
ENGLEWOOD FL 34224-5136



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/20/1993

3a. Date of Last Report

02/16/1996

4. FEI Number

65-0420879

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

10. Name and Address of New Registered Agent

LANE, THOMAS
75 CAPE HAZE DRIVE.
CAPE HAZE FL 33948

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
LANE, THOMAS
75 CAPE HAZE DR.
CAPE HAZE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-97

Date

944-473-3338

Daytime Phone #

CR2E034 (9/96)

McClusky, Gaines, Gill, Daughtrey & Horner

Certified Public Accountants

Roger J. McClusky, CPA
Jeff Gaines, Jr., CPA
Steven Roy Gill, CPA
Daniel R. Daughtrey, CPA
Michael J. Horner, J.D., CPA

Samuel C. Summers, CPA
Margaret J. Westby, CPA
Donna J. Schiller, CPA

222 Nesbit Street, Punta Gorda, FL, 33950
Mailing address: P.O. Box 510308, Punta Gorda, FL 33951-0308
(941) 639-2146 FAX: (941) 639-0558 (Toll-free in FL only) 1-800-282-0156

1777 Tamiami Trail, Suite 5004, Port Charlotte, FL 33948
(941) 625-8789 FAX: (941) 625-6692

2960 S. McCall Road, Suite 210, Englewood, FL 34224
(941) 473-1655

May 19, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Suncoast Medical Properties, Inc.

Gentlemen:

On behalf of the above Taxpayer we are enclosing the 1997 Annual Report and check number 1519 in the amount of \$165.00 in payment of the 1997 franchise fee.

Attached for your reference is your letter dated April 22, 1997 which indicates that the Form had been returned to your office because it had not been delivered by the postal service. We do not understand why the Form had been returned since both of the addresses on the Form are correct. I discussed this matter with your office on May 16th and they advised us that, due to the circumstances, and the fact that the Taxpayer did not receive your April 22nd letter until the other day, that it would be appropriate to pay the \$165.00 fee in lieu of the \$550.00 fee.

Thank you for your attention to this matter. Please feel free to contact the undersigned if we can be of further assistance.

Very truly yours,


Michael J. Horner

MJH/ib

Enclosures

cc: Thomas Lane
75 Cape Haze Dr.
Cape Haze, FL 33946-2217