

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000078012

1. Entity Name
SUNCOAST SURGICAL ASSISTING ASSOCIATES, INC.



Principal Place of Business
10270 BERNARDA CT
SPRING HILL, FL 34608 US

Mailing Address

10270 BERNARDA CT
SPRING HILL, FL 34608 US

2. Principal Place of Business

8303 BLANTON ST.

Suite, Apt. #, etc.

3. Mailing Address

8303 BLANTON ST.

Suite, Apt. #, etc.

City & State
SPRING HILL FL

City & State
SPRING HILL FL

Zip
34606

Zip
34606

Country
USA

6. Name and Address of Current Registered Agent

PRENTICE, DANIEL
10270 BERNARDA COURT
SPRING HILL, FL 34608

Name

RENSHAW LOUIS R.

Street Address (P.O. Box Number is Not Acceptable)

8303 BLANTON ST.

City

SPRING HILL

FL

Zip Code
34606

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

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

(NOTE: Registered Agent signature required when resubmitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENTICE, DANIEL 10270 BERNARDA COURT SPRING HILL, FL 34608	<input checked="" 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 checked="" 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
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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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/15/04

Daytime Phone #

03-19-2004 90062 023 ***150.00

**FILED
Mar 19, 2004 8:00 am
Secretary of State**