FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000050796 (8)

1. Corporation Name
SUNCOAST HEALTH SUPPLIES, INC.

Principal Place of Business	Mailing Address
12 NORTH HERCULES AVE. CLEARWATER FL 34618-8522	12 NORTH HERCULES AVE. CLEARWATER FL 34618-8522

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report: n/a

2. Principal Place of Business	2a. Mailing Address
21 1038 Hamilton Ave	26 PO Box 1433
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tarpon Springs, FL	City & State 28 Tarpon Springs, FL
Zip 24 34689; Country 25 Pinellas	Zip 29; Country 30

4. FEI Number: 59-3321067 ☐ 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

9. Name and Address of Current Registered Agent

SAMPLE, DARYL
12 NORTH HERCULES AVE.
CLEARWATER FL 34618-8522

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1038 Hamilton Ave
83
84 City Tarpon Springs FL 85 Zip Code 34689

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	PRIMBS, LISA		1.2 NAME	
STREET ADDRESS	12 NORTH HERCULES AVE.		1.3 STREET ADDRESS	1038 Hamilton Ave
CITY-ST-ZIP	CLEARWATER FL 34618-8522		1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	STD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SAMPLE, DARYL		2.2 NAME	1038 Hamilton Ave.
STREET ADDRESS	12 NORTH HERCULES AVE.		2.3 STREET ADDRESS	Tarpon Springs, FL 34689
CITY-ST-ZIP	CLEARWATER FL 34618-8522		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lisa Primbs — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (Date) 813 934-3731 (Daytime Phone #)

CR2E034 (12/95)