

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90116 002 \*\*\*150.00

DOCUMENT # **P98000040601**

1. Corporation Name

**SUNCOAST MEDICAL CONSULTING SERVICES, INC.**

Principal Place of Business

PO BOX 309  
PORT RICHEY FL 34673

Mailing Address

PO BOX 309  
PORT RICHEY FL 34673



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1998**

4. FEI Number

**59-3518600**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

GAGLIO, ROSE  
2315 NW 54 AVE  
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name

**KELLY, SHARON**

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

**7340 NEVA LANE**

83

**PORT RICHEY FL**

84 City

FL

85 Zip Code

**34668**

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: *Sharon Kelly* *Sharon Kelly* *Director*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/23/99**

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE

**P.T.S.**

1.2 NAME

**KELLY, SHARON**

1.3 STREET ADDRESS

**7340 NEVA LN**

1.4 CITY-ST-ZIP

**PORT RICHEY FL 34668**

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: *Sharon Kelly* *Director*

(Signature and typed or printed name of signing officer or director)

**4/23/99**

**(727) 841-2379**

CR2E034 (11/98)