

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 010 ***158.75

DOCUMENT # P98000043711

1. Entity Name
 SUNCOAST PERFUSION SERVICES, INC.



Principal Place of Business
 8345 BIG ACORN CIRCLE
 604
 NAPLES, FL 34119

Mailing Address
 PO BOX 112979
 NAPLES, FL 34108

94076841



2. Principal Place of Business
 6040 English Oaks Lane
 Suite, Apt. #, etc.

3. Mailing Address
 PO BOX 112979
 Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State
 Naples, FL

City & State
 Naples

Zip
 34119

Country
 USA

Zip
 FL

Country
 USA

4. FEI Number
 59-3510723

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TOTTERDALE, BRUCE A
 8345 BIG ACORN CIRCLE
 604
 NAPLES, FL 34119

7. Name and Address of New Registered Agent
 Name
 Bruce Totterdale
 Street Address (P.O. Box Number is Not Acceptable)
 6040 English Oaks Lane
 City
 Naples FL Zip Code
 34119

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 *Bruce Totterdale* Bruce Totterdale 4-25-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 D	TOTTERDALE, BRUCE A 8345 BIG ACORN CIRCLE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME	6040 English Oaks Lane Naples FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	TOTTERDALE, RAELENE 8345 BIG ACORN CIRCLE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME	6040 English Oaks Lane Naples FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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 empowered.

SIGNATURE: *Raeleene Totterdale V.R. 4-25-04*