2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043711

Entity Name: SUNCOAST PERFUSION SERVICES, INC.

FILED Jan 31, 2008 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 1140 LEE BLVD SUITE 104 LEHIGH ACRES, FL 33936 US **New Mailing Address: Current Mailing Address:** 1140 LEE BLVD SUITE 104 LEHIGH ACRES, FL 33936 US FEI Number: 59-3510723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOTTERDALE, RAELENE M 20685 CASALY DR ALVA, FL 33920 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete Title: () Change () Addition TOTTERDALE, BRUCE A Name: 20685 CASALY DR Address: ALVA, FL 33920 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: TOTTERDALE, RAELENE Name:

Title: Name: Address: City-St-Zip:

20685 CALAY DR Address: Address: ALVA, FL 33920 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: RAELENE TOTTERDALE 01/31/2008