

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043711

FILED
Apr 28, 2011
Secretary of State

Entity Name: SUNCOAST PERFUSION SERVICES, INC.

Current Principal Place of Business:

1140 LEE BLVD
SUITE 104
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

14651 PALM BEACH BLVD
SUITE 106B
FORT MYERS, FL 33905 US

Current Mailing Address:

C/O JOHN M. WICKER, P.A.
P.O. DRAWER 60205
FORT MYERS, FL 33906 US

New Mailing Address:

14651 PALM BEACH BLVD
SUITE 106B
FORT MYERS, FL 33905 US

FEI Number: 59-3510723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BOULEVARD
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP
Name: TOTTERDALE, BRUCE A
Address: 20685 CASALY DR
City-St-Zip: ALVA, FL 33920 US

Title: DST
Name: TOTTERDALE, RAELENE
Address: 20685 CALAY DR
City-St-Zip: ALVA, FL 33920

I hereby 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 all other like empowered.

SIGNATURE: RAELENE TOTTERDALE

DST

04/28/2011

Electronic Signature of Signing Officer or Director

Date