

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000045936**

1. Entity Name

**SUNCOAST MEDICAL SYSTEMS, INCORPORATED** ✓**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90013 019 \*\*\*550.00

Principal Place of Business

1465 29TH STREET SW  
NAPLES FL 34117

Mailing Address

1465 29TH STREET SW  
NAPLES FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

65-033/638

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

TUPPER, MICHELLE  
2573 POINCIANA DRIVE  
NAPLES FL 34105

## 7. Name and Address of New Registered Agent

Name

Michelle Tupper  
Street Address (P.O. Box Number is Not Acceptable)1465 29th Street SW  
City NAPLES FL Zip Code 34117

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.

SIGNATURE

Michelle Tupper VD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-10-2000  
DATE9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME EMENS, EDWARD  
STREET ADDRESS 1465 29TH STREET SW  
CITY-ST-ZIP NAPLES FL 34117TITLE VD ☐ Delete  
NAME TUPPER, MICHELLE  
STREET ADDRESS 2573 POINCIANA DRIVE  
CITY-ST-ZIP NAPLES FL 34105TITLE TD ☐ Delete  
NAME UBER, VICTORIA  
STREET ADDRESS 3018 42ND STREET SW  
CITY-ST-ZIP NAPLES FL 34116TITLE SD ☐ Delete  
NAME EMENS, NICOLE  
STREET ADDRESS 1465 29TH STREET SW  
CITY-ST-ZIP NAPLES FL 34117TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward C. Emens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)