

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000045936

FILED
Jun 30, 2005
Secretary of State

Entity Name: SUNCOAST MEDICAL SYSTEMS, INCORPORATED

Current Principal Place of Business:

1870 ELSA STREET
SUITE 1
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O BOX 11703
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0331638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMENS, MICHELLE
557 104TH AVE NORTH
NAPLES, FL 34108 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EMENS, EDWARD
Address: 579 103RD AVENUE NORTH
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: EMENS, MICHELLE
Address: 557 104TH AVE. N.
City-St-Zip: NAPLES, FL 34108

Title: TD () Delete
Name: UBER, VICTORIA
Address: 3018 42ND STREET SW
City-St-Zip: NAPLES, FL 34116

Title: SD () Delete
Name: EMENS, NICOLE
Address: 4636 17TH AVE. SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MICHELLE R. EMENS

VP

06/30/2005

Electronic Signature of Signing Officer or Director

Date