2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# V25171

Entity Name: SUN COAST MEDICAL SERVICES OF FORT LAUDERDALE, INC.

Current Principal Place of Business:

5199 NW 15TH ST
BAY 17B
MARGATE, FL 33063 US

New Principal Place of Business:

5199 NW 15TH STREET
BAY 17B
MARGATE, FL 33063 US

Current Mailing Address:

5199 NW 15TH ST
BAY 17B
MARGATE, FL 33063 US

New Mailing Address:

5199 NW 15TH STREET
BAY 17B
MARGATE, FL 33063 US

FEI Number: 65-0335899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWARTZ, PHILIP L
633 S ANDREWS AVE
SUITE 203
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

BARNISH, EILEEN F
8677 BAYSTONE COVE
BOYNTON BEACH, FL 33473 US

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: EILEEN F. BARNISH 02/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARNISH, EILEEN F
Address: 801 NW 123 DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VPD ( ) Delete
Name: BARNISH, MICHAEL S
Address: 801 NW 123 DR
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARNISH, EILEEN F
Address: 8677 BAYSTONE COVE
City-St-Zip: BOYNTON BEACH, FL 33473 US

Title: VPD (X) Change ( ) Addition
Name: BARNISH, MICHAEL S
Address: 8677 BAYSTONE COVE
City-St-Zip: BOYNTON BEACH, FL 33473

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.

SIGNATURE: EILEEN F. BARNISH PD 02/24/2009
Electronic Signature of Signing Officer or Director Date