FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
REMITTED BY MAIL
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34739** **(5)**

1. Corporation Name
SUNCOAST MEDICAL, INC.

Principal Place of Business	Mailing Address
7005 S TAMIAMI TR SARASOTA FL 34231	7005 S TAMIAMI TR SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/05/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **65-0331631** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~WEBB, CHARLES W~~ ~~2172 HILLVIEW ST~~ ~~SARASOTA FL~~	81 Name: Barfield, Muirhead & Belle, P.A. Atty 82 Street Address (P.O. Box Number is Not Acceptable): 100 Wallace Ave Ste. #380 83 84 City: SARASOTA FL 85 Zip Code: 34237

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ PARTNER 5-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	11 TITLE	☒ Change ☐ Addition
NAME	DODDS, CAROLYN R	12 NAME	
STREET ADDRESS	6300 MIDNIGHT PASS RD	13 STREET ADDRESS	445 Bob Hope Dr.
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	Nokomis, FL 34275
TITLE	DVP	21 TITLE	☒ Change ☐ Addition
NAME	ROBINSON, LYLE A	22 NAME	
STREET ADDRESS	1900 HIGH POINT DR	23 STREET ADDRESS	DELETE
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☒ Change ☐ Addition
NAME	STROSNIDER, JAMES F	32 NAME	
STREET ADDRESS	6758 PASEO CASTILLE	33 STREET ADDRESS	6758 Paseo Castille
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	Sarasota, FL 34231
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an X in box.

SIGNATURE: James F. Strosnider 4/20/95 813-925-9355
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0330613 CP