

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043711

Entity Name: SUNCOAST PERFUSION SERVICES, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3510723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DST
Name TOTTERDALE, RAELENE
Address 20685 CASALY DR
City-State-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: BRUCE TOTTERDALE

PRESIDENT

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date