

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000043711

**Entity Name:** SUNCOAST PERFUSION SERVICES, INC.

**FILED**  
**Apr 14, 2015**  
**Secretary of State**  
**CC2159132193**

**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: TOTTERDALE, BRUCE**

**PRESIDENT**

**04/14/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date