

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030275

FILED
Mar 29, 2007
Secretary of State

Entity Name: SUNCOAST TOTAL HEALTHCARE, LLC

Current Principal Place of Business:

24945 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33763 US

New Principal Place of Business:

Current Mailing Address:

24945 U.S. HIGHWAY 19 NORTH
CLEARWATER, FL 33763 US

New Mailing Address:

FEI Number: 04-3771559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENSTEIN, KAREN J
24945 US HWY 19 N
CLEARWATER, FL 33763 US

Name and Address of New Registered Agent:

WOLSTEIN, KAREN J
24945 US HWY 19 N
CLEARWATER, FL 33763 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: KAREN J. WOLSTEIN

03/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLSTEIN, BRIAN G
Address: 24945 U.S. HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM () Delete
Name: WOLSTEIN, KAREN J
Address: 24945 U.S. HIGHWAY 19 NORTH
City-St-Zip: CLEARWATER, FL 33763 US

ADDITIONS/CHANGES:

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN G. WOLSTEIN

MGRM

03/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date