

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106761

**FILED**  
**Feb 09, 2007**  
**Secretary of State**

**Entity Name:** SUNCOAST MEDICAL PLAZA, L.L.C.

**Current Principal Place of Business:**

2484 CARING WAY  
SUITE D  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

2484 CARING WAY  
SUITE D  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 20-5826376      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARRERO, JOSE C  
1820 NORTH CORPORATE LAKES BLVD  
SUITE 105  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRIGNONI MD, ANTHONY  
Address: 2484 CARING WAY, SUITE D  
City-St-Zip: PORT CHARLOTTE, FL 33952 US

**ADDITIONS/CHANGES:**

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: ANTHONI BRIGNONI, M.D.      MGRM      02/09/2007

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