

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106761

**FILED**  
**Feb 10, 2009**  
**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

**Current Mailing Address:**

2484 CARING WAY  
SUITE D  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

2300 LOVELAND BLVD  
SUITE 1  
PORT CHARLOTTE, FL 33980 US

**New Mailing Address:**

2300 LOVELAND BLVD  
SUITE 1  
PORT CHARLOTTE, FL 33980 US

**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:** MGRM (X) Change ( ) Addition  
**Name:** BRIGNONI MD, ANTHONY  
**Address:** 2300 LOVELAND BLVD STE 1  
**City-St-Zip:** PORT CHARLOTTE, FL 33980 US

I hereby certify that the information supplied with this filing does not qualify 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:** ANTHONY BRIGNONI, MD

MGMR

02/10/2009

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