

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025944

FILED
Feb 09, 2011
Secretary of State

Entity Name: SUNCOAST NEUROPSYCHOLOGY, L.L.C.

Current Principal Place of Business:

1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 90-0455592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236 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: MGR
Name: SESTA, JOSEPH J
Address: 235 APOLLO BEACH BOULEVARD, BOX 503
City-St-Zip: APOLLO BEACH, FL 33572

Title: PST
Name: SESTA, JOSEPH J
Address: 235 APOLLO BEACH BOULEVARD, BOX 503
City-St-Zip: APOLLO BEACH, FL 33572

I hereby 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: JOSEPH J. SESTA (SAG)

MGR

02/09/2011

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