

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025944

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

Current Principal Place of Business:

1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236

Current Mailing Address:

1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236

FEI Number: 90-0455592

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
1605 MAIN STREET, SUITE 1001
SARASOTA, FL 34236 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

Authorized Person(s) Detail :

Title	MGR	Title	PST
Name	SESTA, JOSEPH J	Name	SESTA, JOSEPH J
Address	409 APOLLO BEACH BLVD	Address	409 APOLLO BEACH BLVD
City-State-Zip:	APOLLO BEACH FL 33572	City-State-Zip:	APOLLO BEACH FL 33572

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH J. SESTA (SAG)

MANAGER

02/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date