

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025944

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

**Current Principal Place of Business:**

2937 BEE RIDGE RD.  
SUITE 9  
SARASOTA, FL 34239

**Current Mailing Address:**

2937 BEE RIDGE RD.  
SUITE 9  
SARASOTA, FL 34239 US

**FEI Number:** 90-0455592

**Certificate of Status Desired:** No

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

GOLDSMITH, STANLEY A  
2937 BEE RIDGE ROAD  
SUITE 9  
SARASOTA, FL 34239 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  
Name SESTA, JOSEPH J  
Address 409 APOLLO BEACH BLVD  
City-State-Zip: APOLLO BEACH FL 33572

Title PST  
Name SESTA, JOSEPH J  
Address 409 APOLLO BEACH BLVD  
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**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date