

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025944

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

Current Principal Place of Business:

410 WARE BOULEVARD
SUITE 800-33
TAMPA, FL 33619

Current Mailing Address:

410 WARE BOULEVARD
SUITE 800-33
TAMPA, FL 33619 US

FEI Number: 90-0455592

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSMITH, STANLEY A
4900 BRIDGEHAMPTON BOULEVARD
SARASOTA, FL 34238 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	410 WARE BOULEVARD SUITE 800-33	Address	410 WARE BOULEVARD SUITE 800-33
City-State-Zip:	TAMPA FL 33619	City-State-Zip:	TAMPA FL 33619

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

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date