

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025944

FILED
Mar 09, 2015
Secretary of State
CC3056354542

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
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

Title MANAGER, VP
Name SESTA, JOSEPH SR.
Address 974 SE ST. LUCIE BLVD.
City-State-Zip: STUART FL 34996

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)

PRESIDENT

03/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date