

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000058320

**Entity Name:** SUN COAST BEHAVIORAL HEALTH, PLLC

**Current Principal Place of Business:**

15211 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

15211 CORTEZ BLVD  
BROOKSVILLE, FL 34613 US

**FEI Number: 84-4231092**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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: BREJET STEPHENS, ASSISTANT SECRETARY**

**04/20/2023**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            SHARMA MD, ANIL  
Address        14860 ROSCOE BLVD  
                  SUITE 304  
City-State-Zip: PANORAMA CITY CA 91402

Title            DIRECTOR  
Name            WELKE, TIMOTHY  
Address        9250 RESEADA BLVD # 658  
City-State-Zip: NORTHRIDGE CA 91324

*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: TIMOTHY WELKE**

**DIRECTOR**

**04/20/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date