

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000053

1. Entity Name

SUNCOAST PHYSICIAN MANAGEMENT, LLC

Principal Place of Business

Mailing Address

4411 BEE RIDGE RD. #456
SARASOTA, FLORIDA 34233

FILED
01 JUL 17 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0969886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMAS E. BLANKENSHIP
7374 RIDGE ROAD
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MCL Family Partnership
4411 Bee Ridge Rd #456
Sarasota, FL 34233

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
400004493584-5
-07/24/01--01056--007
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (1/1/00)