

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # L00000006993

1. Entity Name
SUNCOAST LUNG CENTER OF SARASOTA, L.L.C.



Principal Place of Business

**3920 BEE RIDGE ROAD
BLDG C SUITE C
SARASOTA, FL 34233**

Mailing Address

**3920 BEE RIDGE ROAD
BLDG C SUITE C
SARASOTA, FL 34233**



01222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
65-1021418

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCGINNESS, W. LEE
1800 SECOND ST
SUITE 971
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SMISHER, JOHN W PHD MD
3920 BEE RIDGE ROAD BLDG C SUITE C
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DIENER, HOWARD D MD FCCP
3920 BEE RIDGE ROAD BLDG C SUITE C
SARASOTA, FL 34233**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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02/18/05-80031-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/05