

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Mar 10, 2008 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



02122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI 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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SWISHER, 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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000000853659
03/26/08-80076-020 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

John Swisher

3-5-08