

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006993

FILED  
Feb 21, 2009  
Secretary of State

**Entity Name:** SUNCOAST LUNG CENTER OF SARASOTA, L.L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 65-1021418

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SWISHER, JOHN W PHD MD  
**Address:** 3920 BEE RIDGE ROAD BLDG C SUITE C  
**City-St-Zip:** SARASOTA, FL 34233

**Title:** MGRM ( ) Delete  
**Name:** DIENER, HOWARD D MD FCCP  
**Address:** 3920 BEE RIDGE ROAD BLDG C SUITE C  
**City-St-Zip:** SARASOTA, FL 34233

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** JOHN W. SWISHER

DR.

02/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date