

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001925

Entity Name: SUNCOAST MEDICAL CLINIC, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

601 SEVENTH ST. SOUTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

601 SEVENTH ST. SOUTH
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3410987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, STEVEN MD
601 7TH STREET SOUTH
ST. PETERSBURG, FL 33701 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: COHEN, STEVEN DR.
Address: 601 7TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, STEVEN MD
Address: 601 7TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM () Change (X) Addition
Name: ETTTEL, GEORGE MD
Address: 601 7TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM () Change (X) Addition
Name: HOO, HUDMAN MD
Address: 601 7TH STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. STEVEN COHEN

MGRM

04/13/2006

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