2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001925

City-St-Zip: SAINT PETERSBURG, FL 33701

Entity Name: SUNCOAST MEDICAL CLINIC, LLC

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:				New Principal Pla	New Principal Place of Business:		
	NTH ST. SOU' RSBURG, FL						
Current Mailing Address:				New Mailing Addr	New Mailing Address:		
	NTH ST. SOU' RSBURG, FL						
FEI Number	: 59-3410987	FEI Num	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:		
ST. PETER	e of Florida.	33701 l	JS is statement for the	ourpose of changing its registe	ered office or registered agent, or both		
Electronic Signature of Registered Agent				ent	Date		
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES			
Title: Name: Address: City-St-Zip:	MGRM () ETTEL, GEORG 601 7TH STRE SAINT PETERS	ET SOUTH	33701	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MGRM () GARNER, KEVI 601 7TH STRE SAINT PETERS	ET SOUTH	33701	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	MGRM () MARSHALL, RE 601 7TH STRE		1D	Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: JACKLYN BAER-ACCOUNTING MANAGER

03/24/2009