

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001925

Entity Name: SUNCOAST MEDICAL CLINIC, LLC

**FILED**  
**Mar 16, 2010**  
**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:**

ETTEL, GEORGE MD  
601 7TH STREET SOUTH  
ST. PETERSBURG, FL 33701 US

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

GORDON, MARK MD  
601 7TH STREET SOUTH  
ST. PETERSBURG, FL 33701 US

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: DR MARK GORDON

03/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GORDON, MARK MD  
Address: 601 7TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM  
Name: GARNER, KEVIN MD  
Address: 601 7TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM  
Name: MARSHALL, REBECCA H MD  
Address: 601 7TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

I hereby 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: JACKLYN BAER-ACCOUNTING MANAGER

MGR

03/16/2010

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