

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000013166

1. Entity Name
SUNCOAST TOTAL HEALTHCARE III, LLC



FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90232 035 ****50.00

Principal Place of Business
6528 GUNN HIGHWAY
TAMPA, FL 33625 US

Mailing Address
6528 GUNN HIGHWAY
TAMPA, FL 33625 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07162004 Chg-LLC CR2E083 (10/03)

4. FEI Number
11-3693572

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNNIP, DANIEL R
6528 GUNN HIGHWAY
TAMPA, FL 33625

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

7/16/04

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
NAME: GUNNIP, DANIEL R
STREET ADDRESS: 11609 WHITEBROOK COURT
CITY-ST-ZIP: TAMPA, FL 33626

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

7/16/04

813-265-8555