

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030275

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** SUNCOAST TOTAL HEALTHCARE, LLC

**Current Principal Place of Business:**

24945 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33763 US

**New Principal Place of Business:**

**Current Mailing Address:**

24945 U.S. HIGHWAY 19 NORTH  
CLEARWATER, FL 33763 US

**New Mailing Address:**

**FEI Number:** 04-3771559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLSTEIN, BRIAN G  
24945 US HWY 19 N  
CLEARWATER, FL 33763 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  
Name: WOLSTEIN, BRIAN G  
Address: 24945 U.S. HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM  
Name: WOLSTEIN, DAVID G  
Address: 24945 U.S. HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33763 US

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: BRIAN WOLSTEIN

MGRM

03/17/2011

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