

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000871

**FILED**  
**Feb 23, 2005**  
**Secretary of State**

**Entity Name:** SUNCOAST MEDICAL DOCUMENTS, LLC

**Current Principal Place of Business:**

4714 ELDERBERRY DR  
SARASOTA, FL 34241

**New Principal Place of Business:**

5922 CATTLEMEN LANE  
SUITE 202  
SARASOTA, FL 342326217 US

**Current Mailing Address:**

4714 ELDERBERRY DR  
SARASOTA, FL 34241

**New Mailing Address:**

5922 CATTLEMEN LANE  
SUITE 202  
SARASOTA, FL 342326217 US

**FEI Number:** 20-0586570

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAJALA, TERESA L  
720 S ORANGE AVE  
SARASOTA, FL 34236 US

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

SWEENEY II, THOMAS M MD, PHD  
5922 CATTLEMEN LANE  
SUITE 202  
SARASOTA, FL 342326217 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: THOMAS SWEENEY II, MD, PHD

02/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SWEENEY, THOMAS M  
Address: 4714 ELDERBERRY DR  
City-St-Zip: SARASOTA, FL 34241

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SWEENEY, THOMAS M  
Address: 5922 CATTLEMEN LANE, SUITE 202  
City-St-Zip: SARASOTA, FL 342326217 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS SWEENEY II, MD, PHD

MGR

02/23/2005

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