

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000000871

1. Entity Name
SUNCOAST MEDICAL DOCUMENTS, LLC



Principal Place of Business

**5922 CATTLEMEN LANE
SUITE 202
SARASOTA, FL 34232-6217 US**

Mailing Address

**5922 CATTLEMEN LANE
SUITE 202
SARASOTA, FL 34232-6217 US**



04212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0586570

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWEENEY II, THOMAS M MD, PHD
5922 CATTLEMEN LANE
SUITE 202
SARASOTA, FL 34232-6217**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000936956
05/27/08-80030-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SWEENEY, THOMAS M
STREET ADDRESS	5922 CATTLEMEN LANE, SUITE 202
CITY- ST- ZIP	SARASOTA, FL 342326217

TITLE	
NAME	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #