

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077807

FILED
May 01, 2006
Secretary of State

Entity Name: SUNCOAST PSYCHIATRIC MEDICAL CLINIC, LLC

Current Principal Place of Business:

2055 WOOD STREET
SUITE 104
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

3412 CLARK ROAD
SUITE 222
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 20-1809958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCLURE, MICHAEL J
3412 CLARK ROAD
SUITE 222
SARASOTA, FL 34231 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCLURE, MICHAEL J
Address: 3412 CLARK ROAD, SUITE 222
City-St-Zip: SARASOTA, FL 34231 US

Title: MGR () Delete
Name: MCCLURE, MAXINE G
Address: 3412 CLARK ROAD, SUITE 222
City-St-Zip: SARASOTA, FL 34231 US

Title: MGR (X) Delete
Name: MCCLURE, JACQUELINE G
Address: 3412 CLARK ROAD, SUITE 222
City-St-Zip: SARASOTA, FL 34231 US

Title: MGR (X) Delete
Name: MCCLURE, MAXWELL F
Address: 3412 CLARK ROAD, SUITE 222
City-St-Zip: SARASOTA, FL 34231 FL

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL J. MCCLURE

MGMR

05/01/2006

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