2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# L04000083496

Entity Name: SUNCOAST HEALTHCARE PROFESSIONALS, P.L.

Current Principal Place of Business:

128 NE EGLIN PARKWAY
FT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 151
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 20-1895423 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CLARKE, PHILIP K
1505 NORTH FLORIDA AVE
TAMPA, FL 33601 US

Name and Address of New Registered Agent:

SMITH, SCOTT R
PO BOX 151
FORT WALTON BEACH, FL 32549 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: SCOTT SMITH 05/01/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SMITH, SCOTT R
Address: PO BOX 151
City-St-Zip: FT WALTON BEACH, FL 32549 US

Title: MGRM ( ) Delete
Name: LEATHERMAN, JEFFERY S
Address: 1019 COUNTRYSIDE CT
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM ( ) Delete
Name: SWISHER-LEATHERMAN, SARAH
Address: 1019 COUNTRYSIDE CT
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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:

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: SCOTT SMITH MGRM 05/01/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date