

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083496

FILED  
Jan 24, 2007  
Secretary of State

**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 ( )**

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

SMITH, SCOTT R  
PO BOX 151  
FORT WALTON BEACH, FL 32549 US

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

SMITH, SCOTT R  
128 NE EGLIN PARKWAY  
FORT WALTON BEACH, FL 32548 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

01/24/2007

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

MGR

01/24/2007

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