

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083496

FILED
Jan 15, 2009
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:

128 NE EGLIN PARKWAY
FT WALTON BEACH, FL 32548

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
128 NE EGLIN PARKWAY
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: 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 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: SARAH SWISHER-LEATHERMAN

MGRM

01/15/2009

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