2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

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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
Name: SMITH, SCOTT R
Address: 1118 BRIDLEWOOD PATH
City-St-Zip: FT WALTON BEACH, FL 32547 US

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

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

I hereby 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 Statues.

SIGNATURE: SARAH SWISHER-LEATHERMAN MGRM 04/18/2011

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