

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083496

FILED
Jan 17, 2012
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:

SWISHER-LEATHERMAN, SARAH L
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: SARAH SWISHER-LEATHERMAN

01/17/2012

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 Statutes.

SIGNATURE: SARAH SWISHER-LEATHERMAN

DR

01/17/2012

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