

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093695

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

**Entity Name:** SUNCOAST URGENT CARE CENTERS, LLC

**Current Principal Place of Business:**

5407 BREATHLESS LANE  
LUTZ, FL 33558

**New Principal Place of Business:**

10730 STATE ROAD 54  
SUITE 104  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

5407 BREATHLESS LANE  
LUTZ, FL 33558

**New Mailing Address:**

10730 STATE ROAD 54  
SUITE 104  
NEW PORT RICHEY, FL 34655

**FEI Number:** 20-4371727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUNCOAST HEALTHCARE SOLUTIONS  
5407 BREATHLESS LANE  
LUTZ, FL 33558 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:** SUNCOAST HEALTHCARE, SOLUTIONS, INC .  
**Address:** 5407 BREATHLESS LANE  
**City-St-Zip:** LUTZ, FL 33558

**Title:** MGRM ( ) Delete  
**Name:** COASTAL MDRD SERVICE, S, INC.  
**Address:** 3492 CRAPE MYRTLE DRIVE  
**City-St-Zip:** HERNANDO BEACH, FL 34607

**ADDITIONS/CHANGES:**

**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:** PETER DUIC

MGRM

02/23/2009

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