


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90120 005 \*\*\*138.75

DOCUMENT # L07000007151	
1. Entity Name SUNCOAST SELF CARE, LLC	

Principal Place of Business 1200 S Rogers Circle Ste 9 Boca Raton, FL 33487	Mailing Address 1200 S Rogers Circle Ste 9 Boca Raton, FL 33487
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8872217	Applied For Not Applicable
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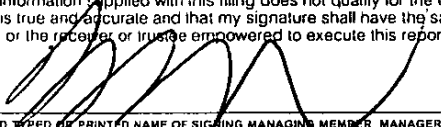
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BLOCH, STUART E 980 NORTH FEDERAL HIGHWAY, SUITE 412 BOCA RATON, FL 33432
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SUNBAN MEDICAL COMPANIES, INC. 1200 S Rogers Circle Ste 9 Boca Raton, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 4/12/08 Daytime Phone #

60040696

