

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025303

FILED  
Jun 12, 2009  
Secretary of State

Entity Name: SUNCOAST PREMIER MEDICAL, LLC

## Current Principal Place of Business:

42721 US HWY. 27  
CENTER STATE BANK BLDG., SUITE #102  
DAVENPORT, FL 33837

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 154989  
SARASOTA, FL 342771498

## New Mailing Address:

42721 US HWY. 27  
CENTER STATE BANK BLDG., SUITE #102  
DAVENPORT, FL 33837

FEI Number: 22-3977314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MARIO R. PEREZ M.D., P.A.  
42721 US HWY 27  
CENTER STATE BANK BLDG. #102  
DAVENPORT, FL 33837 US

## Name and Address of New Registered Agent:

MARIO R. PEREZ  
42721 US HWY 27  
CENTER STATE BANK BLDG. #102  
DAVENPORT, FL 33837 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: MARIO R PEREZ

06/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: PEREZ, MARIO  
Address: 1250 SOUTH TAMiami TRAIL, #303  
City-St-Zip: SARASOTA, FL 34239

Title: MGR ( ) Delete  
Name: PIJUAN, MICHELLE  
Address: 1250 SOUTH TAMiami TRAIL, #303  
City-St-Zip: SARASOTA, FL 34239

Title: ST (X) Delete  
Name: PEREZ, MARIO  
Address: 1250 SOUTH TAMiami TRAIL, #303  
City-St-Zip: SARASOTA, FL 34239

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: PEREZ, MARIO  
Address: 42721 US HWY 27  
City-St-Zip: DAVENPORT, FL 33837

Title: MGR (X) Change ( ) Addition  
Name: PIJUAN, MICHELLE  
Address: 42721 US HWY 27  
City-St-Zip: DAVENPORT, FL 33837

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: MARIO PEREZ

MGR

06/12/2009

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