

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000025303

**FILED**  
**Apr 12, 2011**  
**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:**

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

**New Mailing Address:**

**FEI Number:** 22-3977314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARIO R. PEREZ  
42721 US HWY 27  
CENTER STATE BANK BLDG. #102  
DAVENPORT, FL 33837 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: MGR  
Name: PEREZ, MARIO  
Address: 42721 US HWY 27  
City-St-Zip: DAVENPORT, FL 33837

Title: MGR  
Name: PIJUAN, MICHELLE  
Address: 42721 US HWY 27  
City-St-Zip: DAVENPORT, FL 33837

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: MARIO R PEREZ MD

PRES

04/12/2011

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