

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000029325

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Entity Name:** SUNCOAST SURGICAL ASSISTANTS LLC

**Current Principal Place of Business:**

5824 BEE RIDGE ROAD  
446  
SARASOTA, FL 34233 US

**New Principal Place of Business:**

**Current Mailing Address:**

5824 BEE RIDGE ROAD  
446  
SARASOTA, FL 34233 US

**New Mailing Address:**

**FEI Number:** 26-4537221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDI, LES CPA  
7061C S TAMiami TRAIL  
SARASOTA, FL 34231 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  
Name: TESTERMAN, GERALD D JR  
Address: 5824 BEE RIDGE RD #446  
City-St-Zip: SARASOTA, FL 34233 US

Title: MGR  
Name: TESTERMAN, PAULINA  
Address: 5824 BEE RIDGE RD #446  
City-St-Zip: SARASOTA, FL 34233 US

Title: MGR  
Name: O'NEILL, PATRICK  
Address: 1415 LADUE LANE  
City-St-Zip: SARASOTA, FL 34231

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: GERALD D TESTERMAN, JR.

MGRM

04/21/2012

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