

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078670

Entity Name: SUN COAST HEALTH, LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1261 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**New Principal Place of Business:**

11386 W. STATE ROAD 84  
DAVIE, FL 33325

**Current Mailing Address:**

7797 N. UNIV DR.  
101  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 27-0739007      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CANE, STEVEN M  
7797 N. UNIVERSITY DR.  
101  
TAMARAC, FL 33321 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: DIEGO, KOSTZER H  
Address: 7797 N. UNIV. DR. #101  
City-St-Zip: TAMARAC, FL 33321

Title: MGR  
Name: LEVINE, MICHAEL  
Address: 11386 W. STATE ROAD 84  
City-St-Zip: DAVIE, FL 33325

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: STEVEN CANE

MGR

02/16/2010

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