

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001925

**Entity Name:** SUNCOAST MEDICAL CLINIC, LLC

**Current Principal Place of Business:**

500 DR MLK JR ST NORTH, STE 400  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

500 DR MLK JR ST NORTH, STE 400  
ST. PETERSBURG, FL 33705 US

**FEI Number:** 59-3410987

**Certificate of Status Desired:** No

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

GORDON, MARK MD  
500 DR MLK JR ST NORTH, STE 400  
ST. PETERSBURG, FL 33705 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GORDON, MARK MD  
Address 500 DR MLK JR ST NORTH, STE 400  
City-State-Zip: ST. PETERSBURG FL 33705

Title MGRM  
Name GARNER, KEVIN MD  
Address 500 DR MLK JR ST NORTH, STE 400  
City-State-Zip: ST. PETERSBURG FL 33705

Title MGRM  
Name MARSHALL, REBECCA HMD  
Address 500 DR MLK JR ST NORTH, STE 400  
City-State-Zip: ST. PETERSBURG FL 33705

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK GORDON, MD

**MANAGER**

**04/06/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date