

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001925

Entity Name: SUNCOAST MEDICAL CLINIC, LLC

Current Principal Place of Business:

620 10TH AVENUE NORTH
ATTN: MARK GORDON SUITE 3D
ST. PETERSBURG, FL 33705

Current Mailing Address:

620 10TH STREET NORTH
ATTN: DR. MARK GORDON SUITE 3D
ST. PETERSBURG, FL 33705 US

FEI Number: 59-3410987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORDON, MARK MD
620 10TH STREET NORTH
ATTN: DR. MARK GORDON SUITE 3D
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 620 10TH STREET NORTH
ATTN: DR. MARK GORDON SUITE 3D
City-State-Zip: ST. PETERSBURG FL 33705

Title MGRM
Name GARNER, KEVIN MD
Address 620 10TH STREET NORTH
ATTN: DR. KEVIN GARNER SUITE 3D
City-State-Zip: ST. PETERSBURG FL 33705

Title MGRM
Name MARSHALL, REBECCA HMD
Address 620 10TH STREET NORTH
ATTN: DR. REBECCA MARSHALL
SUITE 3D
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK GORDON, MD

PRESIDENT

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date