

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000025303

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

**Current Principal Place of Business:**

1239 HIGHWAY 27  
FOUR CORNERS  
CLERMONT, FL 34714

**Current Mailing Address:**

PO BOX 470459  
CELEBRATION, FL 34747

**FEI Number:** 22-3977314

**Certificate of Status Desired:** No

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

MARIO R. PEREZ  
903 MAIDEN STREET  
CELEBRATION, FL 34747 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	PRES	Title	VP
Name	PEREZ, MARIO R	Name	PIJUAN, MICHELLE M
Address	903 MAIDEN STREET	Address	903 MAIDEN STREET
City-State-Zip:	CELEBRATION FL 34747	City-State-Zip:	CELEBRATION FL 34747

*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:** MARIO R PEREZ

**PRESIDENT**

**01/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date