

**2021 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  
730 WINDLASS COURT  
KISSIMMEE, FL 34746 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  
Name            PEREZ, MARIO R  
Address        1239 HIGHWAY 27  
                  FOUR CORNERS  
City-State-Zip: CLERMONT FL 34714

*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

**MANAGER**

**04/09/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date