

2018 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 | DIRECTOR |
| Name | PEREZ, MARIO R | Name | PIJUAN, MICHELLE M |
| Address | 1239 HIGHWAY 27 FOUR CORNERS | Address | 1239 HIGHWAY 27 FOUR CORNERS |
| City-State-Zip: | CLERMONT FL 34714 | 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

PRESIDENT

01/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date