

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000098739

**Entity Name:** SUNCOAST PRIMARY CARE VHD, L.L.C.

**Current Principal Place of Business:**

7145 MARINER BLVD  
SPRING HILL, FL 34609

**Current Mailing Address:**

5485 FIRETHORN POINT  
SPRING HILL, FL 34609

**FEI Number: 83-4342040**

**Certificate of Status Desired: No**

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

KOLLI, ANITHA MD  
7145 MARINER BLVD  
SPRING HILL, FL 34609 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	MGR	Title	AMBR
Name	KOLLI, ANITHA	Name	MUDDASSIR, SALMAN
Address	7145 MARINER BLVD	Address	5485 FIRETHORN POINT MARINER BLVD
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	SPRING HILL FL 34609

*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: SALMAN MUDDASSIR**

**MANAGER**

**04/07/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date