

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009522

Entity Name: SUNSHINE PEDIATRIC CARE, P.L.

Current Principal Place of Business:

145 MIAMI AVENUE E
VENICE, FL 34285

Current Mailing Address:

145 MIAMI AVENUE E
VENICE, FL 34285

FEI Number: 81-0604773

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KHAN, AZIMA T
145 MIAMI AVENUE E
VENICE, FL 34285 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 | MGR |
| Name | KHAN, AZIMA T | Name | MIHM, SUSAN R |
| Address | 404 BAYSHORE DRIVE | Address | 4678 SILENT CREEK WAY |
| City-State-Zip: | VENICE FL 34285 | City-State-Zip: | NOKOMIS FL 34275 |
| | | | |
| Title | MGR | | |
| Name | GONZALEZ-ABELLO, LISA M. | | |
| Address | 4834 HOYER DR. | | |
| City-State-Zip: | SARASOTA FL 34241 | | |

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: AZIMA T KHAN

MANAGER

03/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date