2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2013
Secretary of State
CC2449520790

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Entity Name: SUNSHINE THERAPY, LLC

Current Principal Place of Business:

9109 SW 113TH PL CIR W
MIAMI, FL 33176

Current Mailing Address:

9109 SW 113TH PL CIR W
MIAMI, FL 33176 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAFFNEY, LESTER AESQ.
8603 SOUTH DIXIE HIGHWAY
408
MIAMI, FL 33143 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	MGRM
Name	GAFFNEY, NICOLE C
Address	9109 SW 113TH CIR W
City-State-Zip:	MIAMI FL 33176

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLE GAFFNEY MGRM 04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date