

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000045970

**Entity Name:** SUNSHINE DOCTORS GROUP, LLC

**Current Principal Place of Business:**

7983 PLANTATION LAKES DRIVE  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

7983 PLANTATION LAKES DRIVE  
PORT ST. LUCIE, FL 34986

**FEI Number:** 46-2410822

**Certificate of Status Desired:** No

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

ABERNETHY, BRUCE R JR.  
130 SOUTH INDIAN RIVER DRIVE, SUITE 201  
FT. PIERCE, FL 34950 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  
Name TARPON MANAGEMENT SERVICES,  
LLC  
Address 7108 S KANNER HIGHWAY  
City-State-Zip: STUART FL 34997

*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:** BRUCE R. ABERNETHY, JR.

**REGISTERED AGENT**

**03/26/2015**

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

\_\_\_\_\_ Date