

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000008469**

1. Entity Name  
**SUNSHINE MEDICAL PLAZA, LLC**



Principal Place of Business  
**1817 N MILLS AVE  
ORLANDO, FL 32803**

Mailing Address  
**1817 N MILLS AVE  
ORLANDO, FL 32803**

**DO NOT WRITE IN THIS SPACE**



01272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3659247**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RUDERMAN, WILLIAM B  
1817 N MILLS AVE  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000100209  
03/31/04-80037-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVINE, HENRY 1817 N MILLS ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUDERMAN, WILLIAM B 1817 N MILLS AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEINER, STEVEN D 1817 N MILLS AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STYNE, PHILLIP N 1817 N MILLS AVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3/17/04**

Date

Daytime Phone # \_\_\_\_\_