

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90069 016 ***138.75

DOCUMENT # L00000008469

1. Entity Name
SUNSHINE MEDICAL PLAZA, LLC



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

60004161



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
59-3659247 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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

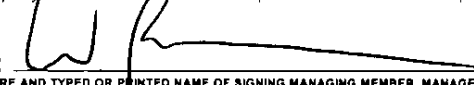
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	LEVINE, HENRY	1817 N MILLS	ORLANDO, FL 32803	<input type="checkbox"/>
MGR	RUDERMAN, WILLIAM B	1817 N MILLS AVE	ORLANDO, FL 32803	<input type="checkbox"/>
MGR	FEINER, STEVEN D	1817 N MILLS AVE	ORLANDO, FL 32803	<input checked="" type="checkbox"/>
MGR	MAYORAL, WILLIAM	1817 N MILLS AVE	ORLANDO, FL 32803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/24/08** **401-599-5900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #