

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000015135

FILED
May 08, 2005
Secretary of State

Entity Name: SUNSHINE PRACTICE CONSULTANTS LLC

Current Principal Place of Business:

5307 SUMMERLIN RD
#4
FORT MYERS, FL 33919

New Principal Place of Business:

13970 LAKE MAHOGANY BLVD.
2021
FORT MYERS, FL 33907

Current Mailing Address:

5307 SUMMERLIN RD
#4
FORT MYERS, FL 33919

New Mailing Address:

13970 LAKE MAHOGANY BLVD.
2021
FORT MYERS, FL 33907

FEI Number: 65-1069683 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SENNE, SCOTT C
5307 SUMMERLIN RD
#4
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

SENNE, SCOTT C
13970 LAKE MAHOGANY BLVD.
2021
FORT MYERS, FL 33907 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: SCOTT C. SENNE

05/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SENNE, SCOTT C
Address: 5307 SUMMERLIN RD, #4
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SENNE, SCOTT C
Address: 13970 LAKE MAHOGANY BLVD.
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SCOTT C. SENNE

MGRM

05/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date