2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# L01000002582

Entity Name: SUNSHINE SCIENTIFIC RESOURCES, LLC

Current Principal Place of Business:

3168 INVERNESS
WESTON, FL 33332

New Principal Place of Business:

Current Mailing Address:

3168 INVERNESS
WESTON, FL 33332

New Mailing Address:

FEI Number: 65-1071212 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIROTTA, CHRISTOPHER F MD, MBA
3168 INVERNESS
WESTON, FL 33332

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: TIROTTE, CHRISTOPHER F MD
Address: 3168 IVERNESS
City-St-Zip: WESTON, FL 33332

Title: MGR ( ) Delete
Name: MATERNO, THOMAS W MD
Address: 87 LORAINE AVENUE
City-St-Zip: MONTCLAIR, NJ 070432304

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TIROTTA, CHRISTOPHER F MD
Address: 3168 IVERNESS
City-St-Zip: WESTON, FL 33332

Title: MGR (X) Change ( ) Addition
Name: MATERNA, THOMAS W MD
Address: 87 LORAINE AVENUE
City-St-Zip: MONTCLAIR, NJ 070432304

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: CHRISTOPHER F. TIROTTA MGR 04/05/2004

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