

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002582

FILED  
Apr 12, 2005  
Secretary of State

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 US

**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: TIROTTA, CHRISTOPHER F MD  
Address: 3168 IVERNESS  
City-St-Zip: WESTON, FL 33332

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

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: MATERNA, THOMAS W MD, MBA  
Address: 87 LORAIN AVENUE  
City-St-Zip: UPPER MONTCLAIR, NJ 07043

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

DR.

04/12/2005

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