

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000002582

**FILED**  
**Apr 21, 2007**  
**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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

04/21/2007

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