

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009522

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: SUNSHINE PEDIATRIC CARE, P.L.

## Current Principal Place of Business:

230 SOUTH TAMIMAI TRAIL,  
STE. 3  
VENICE, FL 34285

## New Principal Place of Business:

145 MIAMI AVENUE E  
VENICE, FL 34285

## Current Mailing Address:

230 SOUTH TAMIMAI TRAIL,  
STE. 3  
VENICE, FL 34285

## New Mailing Address:

145 MIAMI AVENUE E  
VENICE, FL 34285

FEI Number: 81-0604773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KHAN, AZIMA T  
230 SOUTH TAMIMAI TRAIL,  
STE. 3  
VENICE, FL 34285 US

## Name and Address of New Registered Agent:

KHAN, AZIMA T  
145 MIAMI AVENUE E  
VENICE, FL 34285 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:

03/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KHAN, AZIMA T  
Address: 216 BAYSHORE CIR.  
City-St-Zip: VENICE, FL 34285

Title: MGR ( ) Delete  
Name: MIHM, SUSAN R  
Address: 4678 SILENT CREEK WAY  
City-St-Zip: OSPREY, FL 34229

## 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 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: AZIMA KHAN

MGR

03/05/2009

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