

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000040783

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SUNSET MEDICAL CARE, L.L.C.

**Current Principal Place of Business:**

6560 9TH AVE NO  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6560 9TH AVE NO  
SAINT PETERSBURG, FL 33710

**New Mailing Address:**

**FEI Number:** 20-0290861

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VUCEMILOVIC, JULIJE  
6560 9TH AVE NO  
SAINT PETERSBURG, FL 33710 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  
**Name:** VUCEMILOVIC, JULIJE  
**Address:** 6560 9TH AVE NO  
**City-St-Zip:** SAINT PETERSBURG, FL 33710

**Title:** MGR  
**Name:** VUCEMILOVIC, VINKICA  
**Address:** 6560 9TH AVE NO  
**City-St-Zip:** SAINT PETERSBURG, FL 33710

I hereby 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:** VINKICA VUCEMILOVIC

MGR

04/27/2011

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