

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045674

FILED
Jan 20, 2004
Secretary of State

Entity Name: SUNSHINE MEDICAL INSTITUTE LLC

Current Principal Place of Business:

1905 N. HIBISCUS DRIVE
NORTH MIAMI, FL 33181

New Principal Place of Business:

5124 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

Current Mailing Address:

1905 N. HIBISCUS DRIVE
NORTH MIAMI, FL 33181

New Mailing Address:

5124 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

FEI Number: 20-0481686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIERRO, FRANCISCO
1905 N. HIBISCUS DRIVE
NORTH MIAMI, FL 33181

Name and Address of New Registered Agent:

FIERRO, FRANCISCO
5124 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021

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: FRANCISCO FIERRO

01/20/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FIERRO, FRANCISCO
Address: 1905 N. HIBISCUS DRIVE
City-St-Zip: NORTH MIAMI, FL 33181

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIERRO, FRANCISCO
Address: 5124 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR () Change (X) Addition
Name: BOSCH, JESENIA
Address: 5124 HOLLYWOOD BLVD
City-St-Zip: HOLLYWOOD, FL 33021

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: JESENIA BOSCH

MGRM

01/20/2004

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