2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

04-19-2007 90028 041 ****50.00

DOCUMENT # L06000073041

1. Entity Name

SUNSHINE PSYCHOLOGICAL CENTER LLC

Principal Place of Business	Mailing Address
5856 LOMA VISTA DRIVE W. ~~CHAMPIONS GATE~~ FL 33896 DAVENPORT	5856 LOMA VISTA DRIVE W. ~~CHAMPIONS GATE~~ FL 33896 DAVENPORT

3000?4??

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5856 LOMA VISTA DRIVE W	5856 LOMA VISTA DRIVE W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVENPORT FLORIDA	City & State: DAVENPORT FLORIDA
Zip: 33896 Country: USA	Zip: 33896 Country: USA

4. FEI Number: 20-5319413 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CALVO-SCOTT, GLICERIA Z
5856 LOMA VISTA DRIVE W.
~~CHAMPIONS GATE~~ FL 33896
DAVENPORT

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	CALVO-SCOTT, GLICERIA Z	
STREET ADDRESS	5856 LOMA VISTA DRIVE W.	
CITY-ST-ZIP	~~CHAMPIONS GATE~~ FL 33896 DAVENPORT	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Gliceria Z. Calvo Scott 4-10-07 407-414 4665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #