2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L06000073041

Entity Name: SUNSHINE PSYCHOLOGICAL CENTER LLC

Current Principal Place of Business:

5856 LOMA VISTA DRIVE W.
DAVENPORT, FL 33896

New Principal Place of Business:

5730 LOMA VISTA DRIVE W.
DAVENPORT, FL 33896

Current Mailing Address:

5856 LOMA VISTA DRIVE W.
DAVENPORT, FL 33896

New Mailing Address:

FEI Number: 20-5319413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALVO-SCOTT, GLICERIA Z
5856 LOMA VISTA DRIVE W.
DAVENPORT, FL 33896 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: MGRM ( ) Delete
Name: CALVO-SCOTT, GLICERIA Z
Address: 5856 LOMA VISTA DRIVE W.
City-St-Zip: DAVENPORT, FL 33896

ADDITIONS/CHANGES:

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: GLICERIA Z. CALVO-SCOTT OWNE 04/28/2008

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