

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097736

Entity Name: SUNSHINE ASSOCIATES LLC

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

840 US HWY 1  
SUITE 435A  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

840 US HWY 1  
SUITE 435A  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

FEI Number: 20-5699830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

YOCKEY, SUE ANN  
9278 HEATHRIDGE DRIVE  
WEST PALM BEACH, FL 33411 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: SUE ANN YOCKEY

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BANSAL, RAJ MD  
Address: 875 MILITARY TRAIL SUITE 200  
City-St-Zip: JUPITER, FL 33458 US

Title: SECR ( ) Delete  
Name: PONCY, MORGAN MD  
Address: 601 UNIVERSITY DRIVE STE 201  
City-St-Zip: JUPITER, FL 33458 US

Title: TRSR ( ) Delete  
Name: LUBARSKY, AMIR MD  
Address: 600 HERITAGE DRIVE STE 101  
City-St-Zip: JUPITER, FL 33458 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMIR LUBARSKY MD

TRSR

03/19/2009

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