

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000015352

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** SUNSHINE MEDICAL SUPPLIES LLC

**Current Principal Place of Business:**

7910 NOB HILL ROAD  
#204  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

1693 NW 97TH TERRACE  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

7910 NOB HILL ROAD #204  
TAMARAC, FL 33321 US

**New Mailing Address:**

1693 NW 97TH TERRACE  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 20-5551363      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DONALDSON, JACK IV  
7910 NOB HILL ROAD #204  
TAMARAC, FL 33321 US

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

DONALDSON, JACK IV  
1693 NW 97TH TERRACE  
CORAL SPRINGS, FL 33071 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: JACK DONALDSON IV

03/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DONALDSON, JACK IV  
Address: 1693 NW 97TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

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: JACK DONALDSON IV

MR.

03/09/2010

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