

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046548

FILED
Apr 30, 2009
Secretary of State

Entity Name: SUNSHINE MEDICAL TOURISM, LLC

Current Principal Place of Business:

18950 US HWY 441
STE 205
MT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

18950 US HWY 441
STE 205
MT DORA, FL 32757

New Mailing Address:

FEI Number: 26-3804632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOCHIM, VANCE
12619 MILWAUKEE AVE
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

JOCHIM, VANCE
18950 US HWY 441
STE. 205
MOUNT DORA, FL 32757 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOCHIM, VANCE
Address: 18950 US HWY 441 - STE 205
City-St-Zip: MT DORA, FL 32757

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: VANCE L. JOCHIM

MGRM

04/30/2009

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