

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082465

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** SUNSHINE PHYSICIAN ASSOCIATES LLC

**Current Principal Place of Business:**

13940 LAKE MAHOGANY BLVD  
APT 1114  
FORT MYERS, FL 33907

**New Principal Place of Business:**

13300-56 S CLEVELAND AVE  
692  
FORT MYERS, FL 33907

**Current Mailing Address:**

13940 LAKE MAHOGANY BLVD  
APT 1114  
FORT MYERS, FL 33907

**New Mailing Address:**

13300-56 S CLEVELAND AVE  
692  
FORT MYERS, FL 33907

**FEI Number:** 26-3276749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASSAN, HESHAM  
13940 LAKE MAHOGANY BLVD  
1114  
FORT MYERS, FL 33907 US

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

HASSAN, HESHAM  
14201 REFLECTION LAKES DR  
FORT MYERS, FL 33907 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: HESHAM HASSAN

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HASSAN, HESHAM  
Address: 14201 REFLECTION LAKES DR  
City-St-Zip: FORT MYERS, FL 33907

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: HESHAM HASSAN

MGRM

04/06/2011

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