

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019819

FILED
Mar 11, 2011
Secretary of State

Entity Name: SUNSHINE MEDICAL TECHNOLOGIES, LLC

Current Principal Place of Business:

4139 SUN 'N LAKE BLVD
SEBRING, FL 33872

New Principal Place of Business:

529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

Current Mailing Address:

4139 SUN 'N LAKE BLVD
SEBRING, FL 33872

New Mailing Address:

529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880

FEI Number: 26-4358324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVE, ROBERTA
4139 SUN 'N LAKE BLVD
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

COVE, ROBERTA
529 E CENTRAL AVENUE
WINTER HAVEN, FL 33880 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: ROBERTA COVE

03/11/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COVE, ROBERTA
Address: 529 E CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: RIPPE, DAVID J
Address: 529 E CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM
Name: PRATI, RONALD C
Address: 529 E CENTRAL AVENUE
City-St-Zip: WINTER HAVEN, FL 33880

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: ROBERTA COVE

MGRM

03/11/2011

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