

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030019

FILED
Apr 07, 2010
Secretary of State

Entity Name: SUNSHINE PHYSICIANS GROUP, LLC

Current Principal Place of Business:

6355 NW 36 ST SUITE #500
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

6355 NW 36 ST
SUITE 500
VIRGINIA GARDENS, FL 33166 US

Current Mailing Address:

6355 NW 36 ST SUITE #500
VIRGINIA GARDENS, FL 33166

New Mailing Address:

6355 NW 36 ST
SUITE 500
VIRGINIA GARDENS, FL 33166 US

FEI Number: 26-4602878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTOMAYOR, PEDRO
6355 NW 36 ST SUITE #500
VIRGINIA GARDENS, FL 33166 US

Name and Address of New Registered Agent:

SOTOMAYOR, PEDRO
6355 NW 36 ST SUITE
SUITE 500
VIRGINIA GARDENS, FL 33166 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: PEDRO SOTOMAYOR

04/07/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SOTOMAYOR, PEDRO
Address: 6355 NW 36 ST SUITE #500
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: MGR
Name: CARRASQUILLO, CARLOS
Address: 6355 NW 36 ST SUITE #500
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: MGR
Name: FERNANDEZ, EDDY F
Address: 6355 NW 36 ST SUITE #500
City-St-Zip: VIRGINIA GARDENS, FL 33166

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: PEDRO SOTOMAYOR

MGR

04/07/2010

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