

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000109580

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

**Entity Name:** SUNSHINE HEALTHCARE SOLUTIONS OF BREVARD LLC

**Current Principal Place of Business:**

2070 US HWY 1  
102  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

660 PLANTATION ROAD  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 27-1311891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PITCHER, MICHAEL W  
660 PLANTATION ROAD  
MERRITT ISLAND, FL 32952 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MICHAEL, PITCHER W  
Address: 660 PLANTATION ROAD  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR  
Name: SUSAN, SCHNEIDER G MD  
Address: 660 PLANTATION ROAD  
City-St-Zip: MERRITT ISLAND, FL 32952

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: MICHAEL W. PITCHER

MGRM

01/09/2010

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