

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000026947

**FILED**  
**Jan 23, 2013**  
**Secretary of State**

**Entity Name:** SUNSHINE PSYCHIATRIC ASSOCIATES, LLC

**Current Principal Place of Business:**

12670 FRANK DRIVE NORTH  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

12670 FRANK DRIVE NORTH  
SEMINOLE, FL 33776

**New Mailing Address:**

**FEI Number:** 27-2083220

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORPORATE USA, INC  
6534 CENTRAL AVE  
ST PETERSBURG, FL 33707 US

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

PATRICK K AMBROSE CPA PA  
10773 70TH AVE N  
SEMINOLE, FL 33772 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: PATRICK K AMBROSE

01/23/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: COTTRELL, RICHARD A  
Address: 12670 FRANK DRIVE NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: MGR  
Name: COTTRELL, BARBARA R  
Address: 12670 FRANK DRIVE NORTH  
City-St-Zip: SEMINOLE, FL 33776

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: RICHARD COTTRELL

MGRM

01/23/2013

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