

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000028624

FILED  
Apr 15, 2011  
Secretary of State

**Entity Name:** SUNSHINE HEALTH TRAINING CENTERS, LLC.

**Current Principal Place of Business:**

5475 GOLDEN GATE PARKWAY  
SUITE 1  
NAPLES, FL 34116

**New Principal Place of Business:**

5327 NORTH STATE ROAD 7  
TAMARAC, FL 33319

**Current Mailing Address:**

5475 GOLDEN GATE PARKWAY  
SUITE 1  
NAPLES, FL 34116

**New Mailing Address:**

5327 NORTH STATE ROAD 7  
TAMARAC, FL 33319

FEI Number: 27-2018497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ELOI, LOURDES  
5475 GOLDEN GATE PARKWAY  
SUITE 1  
NAPLES, FL 34116 US

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

ELOI, LOURDES  
5327 NORTH STATE ROAD 7  
TAMARAC, FL 33319 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:

04/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ELOI, LOURDES  
Address: 5327 NORTH STATE ROAD 7  
City-St-Zip: TAMARAC, FL 33319

Title: MGR  
Name: ELOI, EMMANUEL  
Address: 5327 NORTH STATE ROAD 7  
City-St-Zip: TAMARAC, FL 33319

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: LOURDES ELOI

MGR

04/15/2011

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