

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000048744

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE PAIN MANAGEMENT MEDICAL CENTER, LLC

**Current Principal Place of Business:**

1190 NW 95TH STREET  
SUITE 303  
MIAMI, FL 33150 US

**New Principal Place of Business:**

**Current Mailing Address:**

4997 SW 162ND AVE.  
MIRAMAR, FL 33027

**New Mailing Address:**

**FEI Number:** 80-0592095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANTOINE, MOGIN MD  
4997 SW 162ND AVE.  
MIRAMAR, FL 33027 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: MGR  
Name: ANTOINE, MOGIN MD  
Address: 14221 SW 120 STREET  
City-St-Zip: MIAMI, FL 33186 US

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: MOGIN ANTOINE

MGR

04/30/2012

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