

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000118216

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** SUNSHINE INJURY HEALING PLC

**Current Principal Place of Business:**

13220 NORTH 56TH ST  
TAMPA, FL 33617 US

**New Principal Place of Business:**

13220 N. 56TH ST.  
TAMPA, FL 33617 US

**Current Mailing Address:**

13220 NORTH 56TH ST  
TAMPA, FL 33617 US

**New Mailing Address:**

13220 N. 56TH ST.  
TAMPA, FL 33617 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ROTT, REINHARD  
445 S 12TH ST  
1605  
TAMPA, FL 33602 US

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

ROTT, REINHARD  
445 S. 12TH ST.  
1605  
TAMPA, FL 33602 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: REINHARD ROTT

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROTT, REINHARD  
Address: 445 S. 12TH ST., #1605  
City-St-Zip: TAMPA, FL 33602 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: REINHARD ROTT

MGRM

04/25/2011

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