

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000013397

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE HEALTHCARE CONTINUOUS EDUCATION, LLC

**Current Principal Place of Business:**

8769 DUNBLANE COURT  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

8769 DUNBLANE COURT  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 27-4997016

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PALSEY, NORMAN T  
8769 DUNBLANE COURT  
TALLAHASSEE, FL 32312 US

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

PASLEY, NORMAN T  
8769 DUNBLANE COURT  
TALLAHASSEE, FL 32312 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: NORMAN T. PASLEY

04/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PASLEY, NORMAN T  
Address: 8769 DUNBLANE COURT  
City-St-Zip: TALLAHASSEE, FL 32312

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: NORMAN T. PASLEY

MGR

04/22/2012

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