

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000057330

**Entity Name:** SUNSHINE PEDIATRIC THERAPY, LLC

**Current Principal Place of Business:**

552 AVENTURINE AVE  
ST AUGUSTINE, FL 32086

**Current Mailing Address:**

552 AVENTURINE AVE  
ST AUGUSTINE, FL 32086 US

**FEI Number: 80-0916103**

**Certificate of Status Desired: No**

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

MCKINNEY, KIMBERLY L  
552 AVENTURINE AVE  
ST AUGUSTINE, FL 32086 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: KIMBERLY L MCKINNEY**

**03/22/2019**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MCKINNEY, KIM  
Address 552 AVENTURINE AVE  
City-State-Zip: ST AUGUSTINE FL 32086

Title MGR  
Name PROCTOR, BOB  
Address 617 DURNING RD  
City-State-Zip: LEXINGTON KY 40509

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KIMBERLY MCKINNEY**

**MGR**

**03/22/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date