

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000072088

**Entity Name:** SUNSHINE PERINATOLOGY II, LLC

**Current Principal Place of Business:**

7421 CONROY WINDERMERE ROAD  
ORLANDO, FL 32835

**Current Mailing Address:**

5062 ISLEWORTH COUNTRY CLUB DR.  
WINDERMERE, FL 34786 US

**FEI Number: 38-4087336**

**Certificate of Status Desired: No**

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

GOYARROLA, AITOR PA MHA MBA MM  
7421 CONROY WINDERMERE ROAD  
ORLANDO, FL 32835 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:** AITOR GOYARROLA

06/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name GOYARROLA, AITOR PA MHA MBA MM  
Address 5062 ISLEWORTH COUNTRY CLUB DR.  
City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT  
Name GOYARROLA, AITOR PA MHA MBA MM  
Address 5062 ISLEWORTH COUNTRY CLUB DR.  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name TOLAYMAT, LAMA MD MPH FACOG  
Address 5062 ISLEWORTH COUNTRY CLUB DR.  
City-State-Zip: WINDERMERE FL 34786

Title CFO  
Name TOLAYMAT, LAMA MD MPH FACOG  
Address 5062 ISLEWORTH COUNTRY CLUB DR.  
City-State-Zip: WINDERMERE FL 34786

Title MANAGER  
Name FASKA, ILHAM  
Address 7421 CONROY WINDERMERE ROAD  
City-State-Zip: ORLANDO FL 32835

*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:** LAMA TOLAYMAT

**DIRECTOR**

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date