

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000073441

**Entity Name:** SUNSHINE NEUROLOGICAL SERVICES LLC

**Current Principal Place of Business:**

16111 COLCHESTER PALMS DR  
TAMPA, FL 33647

**Current Mailing Address:**

16111 COLCHESTER PALMS DR  
TAMPA, FL 33647 US

**FEI Number: 83-4107245**

**Certificate of Status Desired: No**

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

BAKDASH, TAREK  
797 TEAGUE TRAIL  
12-307  
LADY LAKE, FL 32159 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            PRES  
Name            BAKDASH, TAREK DR.  
Address        16111 COLCHESTER PALMS DR  
City-State-Zip: TAMPA FL 33647

*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: TAREK BAKDASH**

**PRESIDENT**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date