

FILED
May 21, 2002 8:00 am
Secretary of State

01-15-2002 90105 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000099700
 1. Entity Name
SUNSHINE HEALTH NETWORK, INC. ✓

Principal Place of Business Mailing Address
737 E. 10TH STREET **737 E. 10TH STREET**
HIALEAH FL 33010 **HIALEAH FL 33010**

28814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1145805** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

CORDOVA, ANGEL D
780 N.E. 42ND AVE. #416
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME	PD IRIBARREN, JOSE	<input type="checkbox"/> Delete
STREET ADDRESS	737 E. 10TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE NAME	VPO SPINOLA, MARIA CRISTINA	<input type="checkbox"/> Delete
STREET ADDRESS	737 E. 10TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE NAME	ST JIMENEZ, JUAN	<input type="checkbox"/> Delete
STREET ADDRESS	737 E. 10TH STREET	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/7/02 (305) 533-5740
Daytime Phone #

CR2E034 (9/01)