

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90210 019 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

00100001



CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000076201
 1. Entity Name
SUNSHINE HOLISTIC HEALTHCARE CORPORATION



Principal Place of Business Mailing Address
 1179 NORTH CONGRESS AVENUE (#304) 1179 NORTH CONGRESS AVENUE (#304)
 BOYNTON BEACH, FL 33426 BOYNTON BEACH, FL 33426

2. Principal Place of Business 3. Mailing Address
500 Gulfstream Blvd **500 Gulfstream Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 104 **Ste 104**

City & State City & State
Delray Beach **Delray Beach**

Zip Country Zip Country
33483 **Palm Beach** **33483** **Palm Beach**

4. FEI Number Applied For
30-0096775 Not Applicable

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

6. Name and Address of Current Registered Agent
BISHOP, JOHN
5637 PACIFIC BLVD.
BOCA RATON, FL 33433

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D, P	<input type="checkbox"/> Delete
NAME	LOUISMA, WILLIAM	
STREET ADDRESS	1179 NORTH CONGRESS AVENUE (#304)	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **5/14/03** Daytime Phone #: **(561) 941-5363**

CR2E034 (1/0/02)

Attachment

**SUNSHINE HOLISTIC HEALTHCARE
CORPORATION**

500 Gulfstream Blvd. Ste. 104; Delray Beach, FL 33483
(561) 441-5363

90136531
#P020000/6201

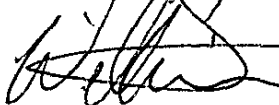
May 14, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs,

Please forgive this late filing of our annual report form. We just incorporated last year and never got our report form. When we found out about it, we called you and were told about the website to download this form which we have enclosed, along with our check for the \$150 annual fee. Will send it long before the due date in the future. Please note our above address, above for future reference.

Thank you



William Louisma