

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000078457 (6)**

1. Corporation Name

**SUNSHINE COMMUNITY NURSING SERVICES, INC.**

95 JAN 19 PM 12:55

Principal Place of Business  
307 W. PARK AVE., 2ND FLOOR  
TALLAHASSEE FL 32301

Mailing Address  
307 W. PARK AVE., 2ND FLOOR  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/26/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **59-3281636** Applied For  Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORDON-GIRVIN, SHARON M  
307 W. PARK AVE., 2ND FLOOR  
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title of corporation

NOTE: Registered Agent signature required when recertifying

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT</b>
NAME	<b>WAYNE R. Sibole</b>
STREET ADDRESS	<b>4 DRUID PLACE</b>
CITY-ST- ZIP	<b>BELEAIR, FL 34616</b>
TITLE	<b>Vice President</b>
NAME	<b>SHARON M. GORDON-GIRVIN</b>
STREET ADDRESS	<b>1306 RAMSEY DR</b>
CITY-ST- ZIP	<b>TALLAHASSEE, FL 32312</b>
TITLE	<b>TREASURER</b>
NAME	<b>DENNIS A. TAYLOR</b>
STREET ADDRESS	<b>7343 ROYAL OAKS DR.</b>
CITY-ST- ZIP	<b>SPRING HILL, FL 34607</b>
TITLE	<b>SECRETARY</b>
NAME	<b>PAUL L. Phillips, M.D.</b>
STREET ADDRESS	<b>3 AMBLESIDE DR.</b>
CITY-ST- ZIP	<b>BELEAIR, FLORIDA 34616</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

*Sharon M. Gordon-Girvin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHARON M. GORDON-GIRVIN**  
**VICE PRESIDENT** 1.17.95 (904) 838-8145  
Date Printed