

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 22 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # P95000081438 (0)**

1. Corporation Name  
**SUNSHINE HEALTH & WELLNESS CORP.**



Principal Place of Business  
**1800 BEN FRANKLIN DRIVE, SUITE A-604  
 SARASOTA FL 34238**

Mailing Address  
**POST OFFICE BOX 1545  
 SARASOTA FL 34230-1545**

3. Date Incorporated or Qualified **10/24/1995**      3a. Date of Last Report **05/01/1996**

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      29. Zip      Country

24.      25.      28.      30.

4. FEI Number **59-3347748**      Applied For  
 Not Applicable

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

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

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

**ANNA BODO  
 509 EL VERNONA AVE  
 SARASOTA FL 34238**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable) **13599 FEATHERS ROAD Circle**  
 83. # **909**  
 84. City **CLEARWATER**      FL      85. Zip Code **34622**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WISH, PETER A DR.</b>	
STREET ADDRESS	<b>1800 BEN FRANKLIN DRIVE, SUITE A-604</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>WISH, LESLIEBETH DR.</b>	
STREET ADDRESS	<b>1800 BEN FRANKLIN DRIVE, SUITE A-604</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34238</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

**SIGNATURE:** *Peter A. Wish*      **4/15/97**      **941-388-1945**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)