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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000066490

1. Corporation Name  
SUNSHINE MEDICAL CENTER OF DESTIN, INC.



Principal Place of Business: 350 BLUE MOUNTAIN BEACH SANTA ROSA BEACH FL 32459  
Mailing Address: 350 BLUE MOUNTAIN BEACH SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/27/1998

2. Principal Place of Business  
21 109 Melvin St

2a. Mailing Address

4. FEI Number: 59-3551701  
Applied For: Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
23 Destin Fl

27 City & State

6. Election Campaign Financing:   
\$5.00 May Be Added to Fees

24 Zip: 32540  
25 Country: US

28 Zip:   
29 Country:

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, DANA C  
607 HIGHWAY 98 EAST  
DESTIN FL 32541

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 if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a l other like empowered.

SIGNATURE: J. Antonio Aldrete J. ANTONIO ALDRETE 267-2777  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)