

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076201

FILED  
Jul 28, 2005  
Secretary of State

**Entity Name:** SUNSHINE HOLISTIC HEALTHCARE CORPORATION

**Current Principal Place of Business:**

500 GULFSTREAM BLVD  
STE 104  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

500 GULFSTREAM BLVD  
STE 104  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 30-0096775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BISHOP, JOHN  
5637 PACIFIC BLVD.  
BOCA RATON, FL 33433 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** LOUISMA, WILLIAM  
**Address:** 1179 NORTH CONGRESS AVENUE (#304)  
**City-St-Zip:** BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM LOUISMA

PRES

07/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.