SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:41

DOCUMENT # 739266 (5)

1. Corporation Name
SUNSHINE HEALTH CENTER, INC.

Principal Place of Business	Mailing Address
1700 N.W. 10TH DRIVE POMPANO BEACH FL 33069-1919	1700 N.W. 10TH DRIVE POMPANO BEACH FL 33069-1919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1977
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-7141284 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 2301 NW 33RD COURT
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 112
City & State 23	City & State 28 POMPANO BCH, FL
Zip 24 / Country 25	Zip 29 33069 / Country 30 USA

9. Name and Address of Current Registered Agent

DAWSON, THOMAS J., JR.
19005 NW 17TH AVE.
MIAMI FL 33056

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MYERS, LULA	1.2 NAME	
STREET ADDRESS	1811 N.W. 9TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	T ☒ Change ☐ Addition
NAME	SANCHEZ, RAFAEL	2.2 NAME	BROWN, WILLIE
STREET ADDRESS	3030 DAVIE BOULEVARD	2.3 STREET ADDRESS	260 NW 23RD STREET
CITY-ST-ZIP	FORT LAUDERDALE FL	2.4 CITY-ST-ZIP	POMPANO BCH, FL
TITLE	VC	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILLIE	3.2 NAME	
STREET ADDRESS	260 N.W. 23RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ARMBRISTER, HAZEL	4.2 NAME	
STREET ADDRESS	1808 N.W. 6TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	
TITLE	DCO	5.1 TITLE	☐ Change ☐ Addition
NAME	DAWSON, THOMAS J.	5.2 NAME	
STREET ADDRESS	19005 NW 17TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	DE, SOUZA M	6.2 NAME	
STREET ADDRESS	220 S.W. 38TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas J Dawson JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007066