

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739266 (5)

1. Corporation Name

SUNSHINE HEALTH CENTER, INC.



Principal Place of Business

1700 N.W. 10TH DRIVE
POMPANO BEACH FL 33069-1919

Mailing Address

2301 NW 33RD COURT
112
POMPANO BEACH FL 33069-1000
US3. Date Incorporated or Qualified
06/06/19773a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-7141284

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE
NAME MYERS, LULA
STREET ADDRESS 1811 N.W. 9TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE T ☒ DELETE
NAME BROWN, WILLIE
STREET ADDRESS 260 NW 23RD STREET
CITY-ST-ZIP POMPANO BEACH FL2.1 TITLE ☐ Change ☒ Addition
2.2 NAME T Armbrister, Hazel
2.3 STREET ADDRESS 1808 N.W. 6th Avenue
2.4 CITY-ST-ZIP Pompano Beach, FLTITLE VC ☐ DELETE
NAME BROWN, WILLIE
STREET ADDRESS 260 N.W. 23RD STREET
CITY-ST-ZIP POMPANO FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ARMBRISTER, HAZEL
STREET ADDRESS 1808 N.W. 6TH AVE.
CITY-ST-ZIP POMPANO BCH FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DCO ☐ DELETE
NAME DAWSON, THOMAS J.
STREET ADDRESS 19005 NW 17TH AVE.
CITY-ST-ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE S ☐ DELETE
NAME DE, SOUZA M
STREET ADDRESS 220 S.W. 38TH AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 (954) 972-7725
Date Daytime Phone # 0025846

CR2E037 (9/96)