

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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

Mailing Address

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

2301 NW 33RD COURT  
112  
POMPANO BEACH FL 33069  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

1700 N.W. 10th Drive

Pompano Beach, Fl.

33069

Broward

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/06/1977

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. Is this nonprofit corporation a homeowner association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Lula Myers

82 Street Address (P.O. Box Number is Not Acceptable)

1811 N.W. 9th Place

83 City

Fort Lauderdale

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

TITLE CD ☐ DELETE

NAME MYERS, LULA  
STREET ADDRESS 1811 N.W. 9TH PLACE  
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE T ☐ DELETE

NAME ARMBRISTER, HAZEL  
STREET ADDRESS 1808 NW 6TH AVE.  
CITY-ST-ZIP POMPANO BEACH FL

TITLE VC ☐ DELETE

NAME BROWN, WILLIE  
STREET ADDRESS 280 N.W. 23RD STREET  
CITY-ST-ZIP POMPANO FL

TITLE D ☐ DELETE

NAME ARMBRISTER, HAZEL  
STREET ADDRESS 1808 N.W. 6TH AVE.  
CITY-ST-ZIP POMPANO BCH FL

TITLE DCO ☒ DELETE

NAME DAWSON, THOMAS J.  
STREET ADDRESS 19005 NW 17TH AVE.  
CITY-ST-ZIP MIAMI FL

TITLE S ☐ DELETE

NAME DE, SOUZA M  
STREET ADDRESS 220 S.W. 38TH AVENUE  
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Lula Myers

07/10/98

(954) 922 1516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)