

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F78034

FILED
Apr 06, 2007
Secretary of State

Entity Name: SUNSHINE MEDICAL CENTER, INC.

Current Principal Place of Business:

907 SOUTH AMERICA WAY
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350065
FT. LAUDERDALE, FL 33335

New Mailing Address:

FEI Number: 59-1682869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURZWEIL, HOWARD E
101 N.E. 3RD AVENUE
TOWER 101, SUITE 1700
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

KURZWEIL, HOWARD E
101 N.E. 3RD AVENUE
TOWER 101, SUITE 1500
FT. LAUDERDALE, FL 33301 US

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

04/06/2007

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ROBERTS, ALAN K., MD,
Address: 6341 SUNSET DRIVE
City-St-Zip: S. MIAMI, FL

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 Chapter 119, 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: ALAN K ROBERTS

DR

04/06/2007

Electronic Signature of Signing Officer or Director

Date