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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90092 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001291

1. Corporation Name

SUNSTAR HEALTHCARE, INC.



Principal Place of Business  
300 INTERNATIONAL PARKWAY  
SUITE 230  
HEATHROW FL 32746  
US

Mailing Address  
300 INTERNATIONAL PARKWAY  
SUITE 300  
HEATHROW FL 32746  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1996

4. FEI Number

59-3361076

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

JESSE, DAVID A.  
300 INTERNATIONAL PARKWAY  
SUITE 230  
HEATHROW FL 32746

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 607.0502 and 607.1508, 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC  
NAME STOWELL, WARREN D  
STREET ADDRESS 300 INTERNATIONAL PARKWAY, STE 230  
CITY-STATE-ZIP HEATHROW FL 32746 ☐ DELETE

TITLE VD  
NAME JESSE, DAVID  
STREET ADDRESS 300 INTERNATIONAL PARKWAY, STE 230  
CITY-STATE-ZIP HEATHROW FL 32746 ☐ DELETE

TITLE V  
NAME SHIELDS, JACK W  
STREET ADDRESS 300 INTERNATIONAL PARKWAY, STE 230  
CITY-STATE-ZIP HEATHROW FL 32746 ☐ DELETE

TITLE D  
NAME LEVINE, BERNARD  
STREET ADDRESS P.O. BOX 2635  
CITY-STATE-ZIP LA JOLLA CA ☒ DELETE

TITLE D  
NAME FIALKOW, FREDERICK H  
STREET ADDRESS 700 WHITE PLAINS RD.  
CITY-STATE-ZIP SCARSDALE NY 10583 ☒ DELETE

TITLE D  
NAME FIALKOW, STEVEN  
STREET ADDRESS 57 PLAINS RD.  
CITY-STATE-ZIP MILFORD CT 06460 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

*David A. Jesse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)