2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 12, 2008
Secretary of State

DOCUMENT# G91933

Entity Name: SONSHINE MEDICAL AND SURGICAL SUPPLIES, INC.

Current Principal Place of Business:

4011 US HWY 27 S
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4011 US HWY 27 S
SEBRING, FL 33870

New Mailing Address:

FEI Number: 59-2012403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEYES, RAYMOND W
4011 US 27 SOUTH
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WESTERGUNN, BILL
Address: 4006 LAKE HAVEN BLVD
City-St-Zip: SEBRING, FL 33875

Title: VP ( ) Delete
Name: WESTERGUNN, JENNIFER
Address: 4006 LAKE HAVEN BLVD
City-St-Zip: SEBRING, FL 33875

Title: D ( ) Delete
Name: KEYES, RAYMOND
Address: 1018 LAKE JUNE ROAD
City-St-Zip: LAKE PLACID, FL 338528936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KEYES, RAYMOND
Address: 1018 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 338528936

Title: VP (X) Change ( ) Addition
Name: KEYES, RAYMOND
Address: 1018 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 338528936

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAYMOND KEYES P 12/12/2008

Electronic Signature of Signing Officer or Director — Date