2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2010
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:

4011 US HWY 27 S
SEBRING, FL 33870-55 14

Current Mailing Address:

4011 US HWY 27 S
SEBRING, FL 33870

New Mailing Address:

4011 US HWY 27 S
SEBRING, FL 33870-55 14

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: KEYES, RAYMOND
Address: 1018 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 338528936

Title: VP
Name: KEYES, RAYMOND
Address: 1018 LAKE JUNE RD
City-St-Zip: LAKE PLACID, FL 338528936

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

I hereby 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 all other like empowered.

SIGNATURE: RAYMOND KEYES OWNE 01/05/2010

Electronic Signature of Signing Officer or Director Date