

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17435 (3)

1. Corporation Name

SUNSHINE HEALTH CARE, INC.



Principal Place of Business

**1330 NW 1ST AVE
HOMESTEAD FL 33030
US**

Mailing Address

**8741 SW 102 ST.
MIAMI FL 33176
US**

3. Date Incorporated or Qualified
09/18/1989

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 8741 SW 102 ST

2a. Mailing Address

26 Same

4. FEI Number

65-0146481

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 MIAMI FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 33176

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHORT, EUGENE M., JR
3001 PONCE DE LEON BLVD
#200
CORAL GABLES FL FL 33134**

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. I 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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD
SUNDAR, MIKE M.**
STREET ADDRESS **8741 S.W. 102ND ST.**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VTD
SUNDAR, JOYCE H.**
STREET ADDRESS **8741 S.W. 102ND ST.**
CITY- ST- ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. 1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. 1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. 1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. 1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. 1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

Joyce H. Sundar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP/TREAS.

04/05/96

(305) 598-6472

Daytime Phone

CR2E034 (12/95)