2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State
02-24-2003 90959 034 ***150.00

DOCUMENT # L17435

1. Entity Name
SUNSHINE HEALTH CARE, INC.

Principal Place of Business	Mailing Address
8741 SW 102 STREET MIAMI, FL 33176 US	8741 SW 102 ST. MIAMI, FL 33176 US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1942 KATIE HILL WAY	1942 KATIE HILL WAY
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: WINDERMERE FL	City & State: WINDERMERE, FL
Zip: 34786 Country: USA	Zip: 34786 Country: USA

4. FEI Number 65-0146481 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: SUNDAR, MIKE M. STREET ADDRESS: 8741 S.W. 102ND ST. CITY-ST-ZIP: MIAMI FL,	☐ Delete	TITLE: PSD NAME: SUNDAR, MIKE M. STREET ADDRESS: 1942 KATIE HILL WAY CITY-ST-ZIP: WINDERMERE FL 34786	☒ Change ☐ Addition
TITLE: VTD NAME: SUNDAR, JOYCE H. STREET ADDRESS: 8741 S.W. 102ND ST. CITY-ST-ZIP: MIAMI FL,	☐ Delete	TITLE: VTD NAME: SUNDAR, JOYCE H. STREET ADDRESS: 1942 KATIE HILL WAY CITY-ST-ZIP: WINDERMERE, FL 34786	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joyce H Sundar JOYCE H. SUNDAR VTD 2/19/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

407-253-3993