## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M92625

FILED Apr 23, 2005 Secretary of State

Entity Name: SUNGLOW HEALTH CENTER INC.

urrent P	rincipal Plac	e ot Bus	iness:	New Principal Place	or Business:
	XIE HWY O BEACH, FL	33064	US		
Current Mailing Address:				New Mailing Address:	
	XIE HWY O BEACH, FL	33064	US		
El Number	: 65-0134238	FEI Nu	ımber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	Address of	Current	Registered Agent:	Name and Address	of New Registered Agent:
204 NW	XANDRA C. 63 CT D, FL 33067	US			
, (I (L) (I )	D, 1 L 00001				
he above	•	submits	this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above	named entity e of Florida.	submits	this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,
he above the State	named entity e of Florida. RE:		this statement for the particular that the particular statement for the particular that the particular statement for the particular		ed office or registered agent, or both,  Date
the above the State	named entity e of Florida. RE: Electro	nic Signa			
he above the State GNATU	named entity e of Florida. RE: Electro	nic Signa	ature of Registered Ag	ent	
the above the State IGNATUI Iection Car OFFICER ittle: ame: ddress:	e named entity e of Florida. RE:Electro mpaign Financir	nic Signa ng Trust Fo CTORS: ) Delete A C., NK RD	ature of Registered Ag	ent	Date
he above the State GNATU	e named entity e of Florida.  RE: Electro mpaign Financir  S AND DIRECTO D ( FINN, MAGAR 2 MYRTLE BA HILTON HEAD	nic Signa ng Trust Fo CTORS: ) Delete A C., NK RD VIS., S.C, ) Delete IDRA C.,	ature of Registered Ag	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXANDRA C. FINN D 04/23/2005