2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N02000001262

Entity Name: SUNSHINE SOCIAL SERVICES, INC.

Current Principal Place of Business:

1480 SW 9TH AVE.
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

1480 SW 9TH AVE.
FT. LAUDERDALE, FL 33315

New Mailing Address:

FEI Number: 01-0582371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ADLER, MARK L MPH
402 NW 17TH PLACE
FORT LAUDERDALE, FL 33311 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: D
Name: ZALMAN, ANTHONY
Address: 511 NW 21ST COURT #317
City-St-Zip: WILTON MANORS, FL 33311

Title: D
Name: YORDAN-FRAU, JAIME
Address: PO BOX 82211
City-St-Zip: PEMBROKE PINES, FL 33082

Title: D
Name: ADLER, MARK L MPH
Address: 402 NW 17TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 333II

Title: D
Name: YAVEL, RICHARD
Address: 3233 NE 34TH STREET #1517
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D
Name: KABEL, GREGORY W ESQ
Address: 2312 WILTON DRIVE
City-St-Zip: WILTON MANORS, FL 33305

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK ADLER ED 01/06/2010

Electronic Signature of Signing Officer or Director — Date