

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007360

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: SUNSHINE STATE HEALTH PARTNERS, INC.

**Current Principal Place of Business:**

431 OAK AVE  
PANAMA CITY, FL 34201

**New Principal Place of Business:**

**Current Mailing Address:**

431 OAK AVE  
PANAMA CITY, FL 34201

**New Mailing Address:**

FEI Number: 61-1486842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILL, R. MICHAEL  
431 OAK AVE  
PANAMA CITY, FL 34201 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: PD ( ) Delete  
Name: HILL, R. MICHAEL  
Address: 1415 BAKER CT  
City-St-Zip: PANAMA CITY, FL 32401

Title: VPD ( ) Delete  
Name: HOUCK, EDWARD  
Address: 9250 COLLEGE PKWY - STE 3  
City-St-Zip: FT MYERS, FL 33919

Title: STD ( ) Delete  
Name: BILELLO, LORI  
Address: 900 UNIVERSITY BLVD - S-110  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: R. MICHAEL HILL

PD

04/22/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date