

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007360

FILED
Apr 14, 2009
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: 8961 DANIELS CENTER DRIVE, S-401
City-St-Zip: FT MYERS, FL 33912

Title: STD () Delete
Name: BILELLO, LORI
Address: 644 CESERY BLVD., S-210
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 exemption stated in Chapter 119, 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

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date