

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007360

**FILED**  
**May 02, 2011**  
**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  
Name: HILL, R. MICHAEL  
Address: 1415 BAKER CT  
City-St-Zip: PANAMA CITY, FL 32401

Title: VPD  
Name: HOUCK, EDWARD  
Address: 8961 DANIELS CENTER DRIVE, S-401  
City-St-Zip: FT MYERS, FL 33912

Title: STD  
Name: BILELLO, LORI  
Address: 644 CESERY BLVD., S-210  
City-St-Zip: JACKSONVILLE, FL 32211

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: R MICHAEL HILL

PD

05/02/2011

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

\_\_\_\_\_  
Date