2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# N04000007360

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 (X)**

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: SD
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: TD
Name: STEVEN, OLIVIA
Address: 1785 NW 80TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

Title: PD
Name: MICHAEL, DELUCA
Address: 200 OAKWOOD LANE, SUITE 200
City-St-Zip: HOLLYWOOD, FL 33023

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 SD 01/03/2012
Electronic Signature of Signing Officer or Director Date