2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2008
Secretary of State

DOCUMENT# N07000010877

Entity Name: SUNSHINE HEALTH NETWORK, INC.

Current Principal Place of Business:

10390 SW 152 TERRACE
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10390 SW 152 TERRACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 42-1747958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PROSPERE, PETER
10390 SW 152 TERRACE
MIAMI, FL 33157 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: STOKES, LILIMAY
Address: 516 NW 57TH AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33126

Title: VPD ( ) Delete
Name: PROSPERE, PETER
Address: 10390 SW 152 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete
Name: PHIPPS, CHARLENE
Address: 10860 SW 154 STREET
City-St-Zip: MIAMI, FL 33157

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: PETER PROSPERE VPD 05/20/2008
Electronic Signature of Signing Officer or Director — Date