

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010877

FILED
May 31, 2010
Secretary of State

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 ()

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
Name: STOKES, LILIMAY
Address: 516 NW 57TH AVENUE, SUITE 202
City-St-Zip: MIAMI, FL 33126

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

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

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: PETER PROSPERE

VP

05/31/2010

Electronic Signature of Signing Officer or Director

Date