

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

DOCUMENT# N07000010877

**FILED**  
**Apr 29, 2011**  
**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

VPD

04/29/2011

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

\_\_\_\_\_  
Date