

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000058325

FILED  
Jul 07, 2009  
Secretary of State

Entity Name: SUNSHINE CAREGIVERS, INC.

## Current Principal Place of Business:

11921 S DIXIE HIGHWAY  
204  
MIAMI, FL 33156 US

## Current Mailing Address:

11921 S DIXIE HIGHWAY  
204  
MIAMI, FL 33156 US

FEI Number: 65-1016973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

15715 SOUTH DIXIE HWY  
332  
PALMETTO BAY, FL 33157 US

## New Mailing Address:

15715 SOUTH DIXIE HWY  
332  
PALMETTO BAY, FL 33157 US

## Name and Address of Current Registered Agent:

ORSHAN, FERN  
11921 S. DIXIE HIGHWAY  
204  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

ORSHAN, FERN  
15715 SOUTH DIXIE HWY  
332  
PALMETTO BAY, FL 33157 US

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: FERN ORSHAN

07/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVSD ( ) Delete  
Name: ORSHAN, FERN  
Address: 6235 S.W. 135 STREET  
City-St-Zip: PINECREST, FL 33156

Title: DT (X) Delete  
Name: ORSHAN, FERN  
Address: 6235 S.W. 135 STREET  
City-St-Zip: PINECREST, FL 33156

Title: CFO (X) Delete  
Name: FERN, ORSHAN  
Address: 6235 SW 135 STREET  
City-St-Zip: PINECREST, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ORSHAN, FERN  
Address: 7698 SW 143 STREET  
City-St-Zip: PALMETTO BAY, FL 33157

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERN ORSHAN

PRES

07/07/2009

Electronic Signature of Signing Officer or Director

Date