


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000110240 1. Entity Name SUNSHINE MEDICAL EQUIPMENT & SUPPLIES, INC.						FILED 06 SEP 15 PM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2071 SAXON BLVD DELTONA, FL 32725				Mailing Address 2071 SAXON BLVD DELTONA, FL 32725			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
09112006 Chg-P CR2E034 (11/05)				4. FEI Number 59-3689365			
5. Certificate of Status Desired				Applied For Not Applicable			
6. Name and Address of Current Registered Agent MEDINA, YOLANDA 3360 MORNING DOVE DR. DELAND, FL 32720				7. Name and Address of New Registered Agent Name Pablo Medina Street Address (P.O. Box Number is Not Acceptable) 3360 Morning Dove Dr. City Deland FL Zip Code 32720			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE: <i>Pablo Medina</i> Pablo Medina <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: 9/11/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE CEO <input checked="" type="checkbox"/> Delete NAME MEDINA, YOLANDA STREET ADDRESS 3360 MORNING DOVE DR. CITY-ST-ZIP DELAND, FL 32720				<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080390581 10/03/06--01034--022 **61.25			
TITLE CEO <input type="checkbox"/> Delete NAME MEDINA, PABLO STREET ADDRESS 3360 MORNING DOVE DR. CITY-ST-ZIP DELAND, FL 32720				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Pablo Medina</i> Pablo Medina <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 9/10/06 386-717-0929 <small>Daytime Phone #</small>			