

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110240

FILED
Feb 19, 2009
Secretary of State

Entity Name: SUNSHINE MEDICAL EQUIPMENT & SUPPLIES, INC.

Current Principal Place of Business:

2071 SAXON BLVD
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

2071 SAXON BLVD
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-3689365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDINA, PABLO
929 FLORIDA AVE.
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

MEDINA, PABLO
425 S WYMORE RD
APT # 103
ALTAMONTE SPRINGS, FL 32714 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:

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDINA, PABLO
Address: 929 FLORIDA AVE.
City-St-Zip: ORANGE CITY, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MEDINA, PABLO
Address: 425 S WYMORE RD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: PABLO MEDINA

CEO

02/19/2009

Electronic Signature of Signing Officer or Director

Date