

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110240

FILED
Feb 16, 2011
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:

2031 SAXON BLVD
SUITE 107
DELTONA, FL 32725

Current Mailing Address:

2071 SAXON BLVD
DELTONA, FL 32725

New Mailing Address:

2031 SAXON BLVD
SUITE 107
DELTONA, FL 32725

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
4 CANTILEVER COURT
ORMOND BEACH, FL 32174 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: CEO
Name: MEDINA, PABLO
Address: 4 CANTILEVER COURT
City-St-Zip: ORMOND BEACH, FL 32174

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

SIGNATURE: PABLO MEDINA

CEO

02/16/2011

Electronic Signature of Signing Officer or Director

Date