2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# P01000069602

Entity Name: SUNSHINE THERAPY CENTER, INC.

Current Principal Place of Business:

6320 ST. AUGUSTINE RD
SUITE 1
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6320 ST. AUGUSTINE RD
SUITE 1
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 22-3816083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBERTO M. URETA, P.A.
13360 S.W. 128 STREET
MIAMI, FL 33186 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: DIR.
Name: RODRIGUEZ, ERNESTO
Address: 6320 ST. AUGUSTINE RD. SUITE 1
City-St-Zip: JACKSONVILLE, FL 32217

Title: PS
Name: SOTO, PETER
Address: 16091 BLATT BLVD. #308
City-St-Zip: WESTON, FL 33326

Title: VP
Name: RODRIGUEZ, JORGE
Address: 2234 QUAIL ROOST DRIVE
City-St-Zip: WESTON, FL 33327

Title: VP
Name: RODRIGUEZ, ERNESTO
Address: 18684 OCEAN MIST DR
City-St-Zip: BOCA RATON, FL 33498

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: ERNESTO RODRIGUEZ DIR. 03/29/2012

Electronic Signature of Signing Officer or Director — Date