

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91843 046 \*\*\*150.00

DOCUMENT # P02000040042

1. Entity Name

SUNSHINE MEDICAL SERVICES OF SOUTH  
FLORIDA, INC.



**DO NOT WRITE IN THIS SPACE**

**90129655**

2. Principal Place of Business  
6801 NW. 77TH AVE.

3. Mailing Address  
6801 NW. 77TH AVE.

Suite, Apt. #, etc.  
203

Suite, Apt. #, etc.  
203

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
71-0878320

Applied For  
Not Applicable

Zip  
33166

Country  
MIAMI DADE

Zip  
33166

Country  
MIAMI DADE

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
MAYKEL -BENAVIDES

Street Address (P.O. Box Number is Not Acceptable)  
3850 NW. 157 ST.

City  
OPA LOCKA,

FL Zip Code  
33054

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 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 29, 2003

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPVST  
MAYKEL BENAVIDES  
3850 NW. 157 ST  
OPA LOCKA, FL 33054

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 305-883-6205

Date

Daytime Phone #

CR2E034B (12/02)