2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# P02000088574

Entity Name: SUNSHINE FAMILY MEDICINE, INC.

Current Principal Place of Business:

115 S. GLORIA ST.
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

P O BO X 1795
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 52-2369931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, RICHARD A
334 E. CRESCENT DRIVE
CLEWISTON, FL 33440 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLER, RICHARD A
Address: 334 E. CRESCENT DRIVE
City-St-Zip: CLEWISTON, FL 33440

Title: VST ( ) Delete
Name: JONES, LAURA D MD
Address: 243 W DEL MONTE AVE
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RICHARD A. MILLER PRES 07/02/2007

Electronic Signature of Signing Officer or Director — Date