2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004
Secretary of State

DOCUMENT# P03000058266

Entity Name: SUNSHINE MEDICAL SUPPLIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2737 YARMOUTH DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

4089 BLUFF HARBOR WAY
WELLINGTON, FL 33467

Current Mailing Address:

2737 YARMOUTH DRIVE
WELLINGTON, FL 33414

New Mailing Address:

4089 BLUFF HARBOR WAY
WELLINGTON, FL 33467

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

Name and Address of Current Registered Agent:

NRAI SERVICES, INIC.
526 EAST PARK AVE
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ANZALONE, MARCI
Address: 2737 YARMOUTH DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: ANZALONE, CHARLES T
Address: 2737 YARMOUTH DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ANZALONE, MARCI
Address: 4089 BLUFF HARBOR WAY
City-St-Zip: WELLINGTON, FL 33467

Title: D (X) Change ( ) Addition
Name: ANZALONE, CHARLES T
Address: 4089 BLUFF HARBOR WAY
City-St-Zip: WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES T ANZALONE D 07/14/2004

Electronic Signature of Signing Officer or Director Date