2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P03000118949

Entity Name: SUNSHINE SENIOR CARE, INCORPORATED

Current Principal Place of Business:

4121 NW 189TH TERRACE
MIAMI, FL 33055

New Principal Place of Business:

5190 NW 167TH STREET
SUITE 111
MIAMI LAKES, FL 33014

Current Mailing Address:

4121 NW 189TH TERRACE
MIAMI, FL 33055

New Mailing Address:

5190 NW 167TH STREET
SUITE 111
MIAMI LAKES, FL 33014

FEI Number: 20-0369185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN-LOUISSAINT, SHERRIVONNE L
4121 NW 189TH TERRACE
MIAMI, FL 33055 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: BROWN-LOUISSAINT, SHERRIVONNE L
Address: 4121 NW 189TH TERRACE
City-St-Zip: MIAMI, FL 33055 US

Title: VP ( ) Delete
Name: MIGNOTT, RACQUEL
Address: 3030 SW 64TH AVENUE
City-St-Zip: MIRAMAR, FL 33023 US

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 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: SHERRIVONNE L. BROWN P 04/24/2004

Electronic Signature of Signing Officer or Director — Date