# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2004**
**Secretary of State**

DOCUMENT# P03000131201

**Entity Name:** SUNSHINE HOME HEALTH SERVICES, INC.

**Current Principal Place of Business:**

7513 PLEASANT DRIVE
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

7513 PLEASANT DRIVE
HAINES CITY, FL 33844 US

**New Mailing Address:**

**FEI Number: 90-0128954** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

NOLL, LISA A
7513 PLEASANT DRIVE
HAINES CITY, FL 33844 US

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: LISA A. NOLL 04/27/2004
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: NOLL, LISA A
Address: 7513 PLEASANT DRIVE
City-St-Zip: HAINES CITY, FL 33844 US

Title: D ( ) Delete
Name: LEE, DEBRA A
Address: 7789 LAWRENCE ROAD
City-St-Zip: BOYNTON BEACH, FL 33436 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: LISA A NOLL D 04/27/2004
Electronic Signature of Signing Officer or Director Date