

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000005406

**FILED**  
**Feb 03, 2006**  
**Secretary of State**

**Entity Name:** SUNSHINE SENIOR HEALTHCARE, INC

**Current Principal Place of Business:**

27501 SOUTH DIXIE HIGHWAY, SUITE 205  
NARANJA, FL 33032

**New Principal Place of Business:**

2450 SW 137 AVENUE STE 206  
MIAMI, FL 33175

**Current Mailing Address:**

27501 SOUTH DIXIE HIGHWAY, SUITE 205  
NARANJA, FL 33032

**New Mailing Address:**

2450 SW 137 AVENUE STE 206  
MIAMI, FL 33175

**FEI Number:** 20-0570632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BETRAN BULTE, LUIS A  
27501 SOUTH DIXIE HIGHWAY, SUITE 205  
NARANJA, FL 33032 US

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

BELTRAN BULTE, LUIS A  
2450 SW 137 AVENUE STE 206  
MIAMI, FL 33175 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: LUIS BELTRAN BULTE

02/03/2006

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BETRAN BULTE, LUIS A  
Address: 27501 SOUTH DIXIE HIGHWAY, SUITE 205  
City-St-Zip: NARANJA, FL 33032

Title: VSD ( ) Delete  
Name: ARIAS, ANA  
Address: 27501 SOUTH DIXIE HIGHWAY, SUITE 205  
City-St-Zip: NARANJA, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: BELTRAN BULTE, LUIS A  
Address: 2450 SW 137 AVENUE STE 206  
City-St-Zip: MIAMI, FL 33175

Title: VSD (X) Change ( ) Addition  
Name: ARIAS, ANA  
Address: 2450 SW 137 AVENUE STE 206  
City-St-Zip: MIAMI, FL 33175

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS BELTRAN BULTE

PTD

02/03/2006

Electronic Signature of Signing Officer or Director

Date