

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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May 02, 2005 8:00 am
Secretary of State

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04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000012318		
1. Entity Name SUNSHINE MEDICAL, INC.		

Principal Place of Business 1153 SW 158TH AVE PEMBROKE PINES, FL 33027	Mailing Address 1153 SW 158TH AVE PEMBROKE PINES, FL 33027
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2. Principal Place of Business 1561 BENT OAK BLVD Suite, Apt. #, etc.	3. Mailing Address P.O. Box 392 Suite, Apt. #, etc.
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City & State DeLand, FL	City & State DeLand, FL	4. FEI Number 02-0715010	Applied For <input type="checkbox"/> Not Applicable
Zip 32724	Country USA	Zip 32721	Country USA

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Dennis J. Mulcahy Street Address (P.O. Box Number is Not Acceptable) 1561 BENT OAKS BLVD City DeLand FL Zip Code 32724	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dennis J. Mulcahy DATE: 4/27/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MULCAHY, SUSAN M 1153 SW 158TH AVE PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MULCAHY, SUSAN M 1561 BENT OAKS BLVD DeLand FL 32724 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MULCAHY, DENNIS J 1153 SW 158TH AVE PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULCAHY, DENNIS J. 1561 BENT OAKS BLVD DeLand FL 32724 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis J. Mulcahy DATE: 4/27/05 386-717-3953
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR