


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90044 010 \*\*\*150.00

<b>DOCUMENT # P04000030552</b>			
1. Entity Name <b>SUNSHINE RESEARCH CENTER INC.</b>			
Principal Place of Business <b>490 FISHERMAN STREET OPA LOCKA, FL 33054</b>		Mailing Address <b>490 FISHERMAN STREET OPA LOCKA, FL 33054</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SANTANA, ELDA Y 1009 N.W. 128 PLACE MIAMI, FL 33182</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEMUR, PIERRE R</b>	NAME	
STREET ADDRESS	<b>10940 S.W. 106TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORTEGA-MENENDEZ, MAITE</b>	NAME	
STREET ADDRESS	<b>5523 HARRISON STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTAN, ELDA Y</b>	NAME	
STREET ADDRESS	<b>1009 N.W. 128 PLACE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33182</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Kien R. Blemur M.D.</i>		Date: <i>7/15/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



07012005 Chg-P CR2E034 (10/03)

4. FSN Number **52-2444932** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

ATTACHMENT

66005916  
# P0400003052

July 15, 2005

MED ONE MEDICAL CENTER  
486 FISHERMAN STREET  
OPA LOCKA FLORIDA 33054  
TAX I.D.# 65-1034350

CAROL CITY MED PLUS  
18373 N.W. 27<sup>TH</sup> AVE  
MIAMI FLORIDA 33055  
TEL (305) 625-9088  
FAX (305) 625-0857  
EMAIL DRBLEMUR@BELLSOUTH.NET  
BEEPER (305) 504-3010  
TAX I.D. 65-1024350

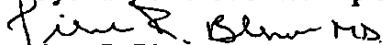
MED PLUS MEDICAL CENTER  
3500 N.W. 17<sup>TH</sup> AVE  
MIAMI FLORIDA 33142  
TEL (305) 633-6777  
FAX (305) 633-6773  
TAX I.D. 65-0230366

GROVE MED PLUS  
3640 GRAND AVE  
COCONUT GROVE, FLORIDA 33133  
TEL (305) 446-5917  
Fax (305) 446-0712  
TAX I.D. 65-0122709

SUNSHINE RESEARCH CENTER  
490 FISHERMAN STREET  
OPA LOCKA FL 33054  
DOCUMENT # P0400003052

I submitted all payments for all corporations back in April 2005, they all got paid the same time, but somehow Sunshine Research Center check has not been cashed. I'm enclosing another check for you to finalize the application.

If you any other information please call me at (305) 688-5456

  
Pierre R. Blemur  
President



ATTACHMENT

66025916

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 21, 2005

SUNSHINE RESEARCH CENTER INC.  
490 FISHERMAN STREET  
OPA LOCKA, FL 33054

Subject: ~~SUNSHINE RESEARCH CENTER INC.~~

Reference Number: P04000030552

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/SC  
ANNUAL REPORTS SECTION