

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-18-2005 90044 010 ***150.00

DOCUMENT # P04000030552 1. Entity Name SUNSHINE RESEARCH CENTER INC.					
Principal Place of Business 490 FISHERMAN STREET OPA LOCKA, FL 33054			Mailing Address 490 FISHERMAN STREET OPA LOCKA, FL 33054		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 07012005 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FSN Number <div style="font-size: 1.2em; font-family: monospace;">52-2444932</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANA, ELDA Y 1009 N.W. 128 PLACE MIAMI, FL 33182				7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLEMUR, PIERRE R 10940 S.W. 106TH AVENUE MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ORTEGA-MENENDEZ, MAITE 5523 HARRISON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SANTAN, ELDA Y 1009 N.W. 128 PLACE MIAMI, FL 33182	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px;"></div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px;"></div>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="border: 1px solid black; height: 40px;"></div>	<input type="checkbox"/> Delete			
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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: 7/15/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

66075916
P04000030552 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. 27TH 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

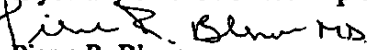
MED PLUS MEDICAL CENTER
3500 N.W. 17TH AVE
MIAMI FLORIDA 33142
TEL (305) 633-6777
FAX (305) 633-6773
TAX I.D. 65-0230366

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 # P04000030552

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