

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P04000065515 1. Entity Name SUNSHINE STATE MEDICAL, INC.	
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Principal Place of Business 5575 SOUTH SEMORAN BLVD. SUITE 503 ORLANDO, FL 32822 US	Mailing Address 5575 SOUTH SEMORAN BLVD. SUITE 503 ORLANDO, FL 32822 US
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DO NOT WRITE IN THIS SPACE



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2454234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGOOD, PETER P
1018 EAST ROBINSON STREET
ORLANDO, FL 32801

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U000000244727
03/13/08-80008-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, MARTHA C 2301 DRYBURGH COURT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #