

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065515

FILED  
Apr 18, 2012  
Secretary of State

**Entity Name:** SUNSHINE STATE MEDICAL, INC.

**Current Principal Place of Business:**

5425 SOUTH SEMORAN BOULEVARD  
SUITE 6-A  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

5425 SOUTH SEMORAN BOULEVARD  
SUITE 6-A  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 56-2454234

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAGOOD & GARVEY  
1053 MAITLAND CENTER COMMONS  
SUITE 101  
MAITLAND, FL 32751 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ORTIZ, MARTHA  
Address: 13747 WATERHOUSE WAY  
City-St-Zip: ORLANDO, FL 32828 US

I hereby 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 all other like empowered.

SIGNATURE: MARTHA ORTIZ

P

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date