

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000120570

Entity Name: SUNSHINE PHARMACY MEDICAL, INC.

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

6400 DAVIS BLVD.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

6400 DAVIS BLVD.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-1540763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE REGISTERED AGENT, LLC
5147 CASTELLO DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

PARRISH, DELMER H
215 HENLEY
NAPLES, FL 34104 US

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: DELMER H. PARRISH

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARRISH, DEL H
Address: 5482 RATTLESNAKE HAMMOCK ROAD
City-St-Zip: NAPLES, FL 34113

Title: VP () Delete
Name: ATKINSON, JOHN
Address: 6400 DAVIS BLVD.
City-St-Zip: NAPLES, FL 34104

Title: S/T (X) Delete
Name: PARRISH, RENEE
Address: 5482 RATTLESNAKE HAMMOCK ROAD
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARRISH, DEL H
Address: 215 HENLEY DR
City-St-Zip: NAPLES, FL 34104

Title: VP (X) Change () Addition
Name: PARRISH, RENEE E
Address: 215 HENLEY
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DELMER H PARRISH

P

03/28/2006

Electronic Signature of Signing Officer or Director

Date