2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

DOCUMENT# P04000120570

Entity Name: SUNSHINE PHARMACY MEDICAL, INC.

Current Principal Place of Business:

6350 DAVIS BLVD.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

6350 DAVIS BLVD.
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-1540763 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARRISH, DELMER H
5482 RATTLESNAKE HAMMOCK RD.
NAPLES, FL 34113 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: PARRISH, DEL H
Address: 5482 RATTLESNAKE HAMMOCK RD.
City-St-Zip: NAPLES, FL 34113

Title: VP
Name: PARRISH, RENEE E
Address: 5482 RATTLESNAKE HAMMOCK RD
City-St-Zip: NAPLES, FL 34113

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: DEL PARRISH PSD 01/13/2010

Electronic Signature of Signing Officer or Director — Date