2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P05000033478

Entity Name: SUNSHINE MEDICAL COORDINATOR, INC

Current Principal Place of Business:

570 SW 92 OASS
MIAMI, FL 33174

New Principal Place of Business:

570 SW 92 PASS
MIAMI, FL 33174

Current Mailing Address:

570 SW 92 OASS
MIAMI, FL 33174

New Mailing Address:

570 SW 92 PASS
MIAMI, FL 33174

FEI Number: 43-2078233 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINONES, DAMARIS
570 SW 92 OASS
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

QUINONES, DAMARIS
570 SW 92 PASS
MIAMI, FL 33174 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: 04/21/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: QUINONES, DAMARIS
Address: 570 SW 92 OASS
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: QUINONES, DAMARIS
Address: 570 SW 92 PASS
City-St-Zip: MIAMI, FL 33174

I hereby certify that the information supplied with this filing does not qualify 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: DAMARIS QUINONES P 04/21/2009
Electronic Signature of Signing Officer or Director — Date