


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90189 015 ***150.00

DOCUMENT # P05000043216

1. Entity Name
SUN HEALTH CAREER SOLUTIONS, INC.



Principal Place of Business
777 BRICKELL AVENUE SUITE 1070
MIAMI, FL 33131

Mailing Address
777 BRICKELL AVENUE SUITE 1070
MIAMI, FL 33131

50017112



2. Principal Place of Business
3804 BARBADOS AVE.

3. Mailing Address
3804 BARBADOS AVE.

Suite, Apt. #, etc.

03032006 Chg-P CR2E034 (11/05)

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33026

Country
US

4. FEI Number
20-2707244

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
777 BRICKELL AVENUE SUITE 1070
MIAMI, FL 33131

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
SANDRA SUNDEL

Street Address (P.O. Box Number is Not Acceptable)
3804 BARBADOS AVE.

City
HOLLYWOOD

FL Zip Code
33026

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  DATE **4/22/06**

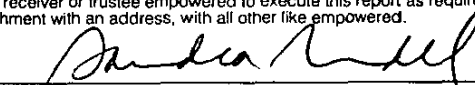
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNDEL, SANDRA S PH.D 3804 BARBADOS AVENUE COOPER CITY, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4/22/06** Daytime Phone # **954/430-4241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR