

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075830

FILED
Apr 21, 2008
Secretary of State

Entity Name: SUNSHINE STATE HOME HEALTH, INC.

Current Principal Place of Business:

8461 LAKE WORTH ROAD
121
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

8562 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33437

New Mailing Address:

8562 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33472

FEI Number: 41-2179695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARNES, BENSON B
8562 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

BARNES, BENSON B
8562 SHALLOWBROOK COVE
BOYNTON BEACH, FL 33473 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:

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEMARCO, NANCY
Address: 5816 N.W. 120TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: BARNES, BENSON B
Address: 8562 SHALLOWBROOK COVE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEMARCO, NANCY
Address: 11251 MILLPOND GREENS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33473

Title: D (X) Change () Addition
Name: BARNES, BENSON B
Address: 8562 SHALLOWBROOK COVE
City-St-Zip: BOYNTON BEACH, FL 33473

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: BENSON B. BARNES

D

04/21/2008

Electronic Signature of Signing Officer or Director

Date