

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075830

FILED  
Mar 25, 2009  
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 33472

## New Mailing Address:

8562 SHALLOWBROOK COVE  
BOYNTON BEACH, FL 33473

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

DIR

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date