# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# P06000124309

**Entity Name:** CLINICA SUNSHINE, INC.

**Current Principal Place of Business:**

5384 W 16TH AVENUE
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

5384 W 16TH AVENUE
HIALEAH, FL 33012 US

**New Mailing Address:**

5384 WEST 16TH AVENUE
HIALEAH, FL 33012 US

**FEI Number: 20-5624852** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRUZ, ROBERTO E
5384 W 16TH AVENUE
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

CRUZ, ROBERTO E
825 S.W. 87TH AVENUE
SUITE C
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: ROBERTO E. CRUZ, M.D. 04/30/2007
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P,S ( ) Delete
Name: CRUZ, ROBERTO E
Address: 5384 W 16TH AVENUE
City-St-Zip: HIALEAH, FL 33012 US

Title: VP,T ( ) Delete
Name: CRUZ, ROBERTO E
Address: 5384 W 16TH AVENUE
City-St-Zip: HIALEAH, FL 33012 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P,S (X) Change ( ) Addition
Name: CRUZ, ROBERTO E
Address: 825 S.W. 87TH AVENUE, SUITE C
City-St-Zip: MIAMI, FL 33174 US

Title: VP,T (X) Change ( ) Addition
Name: CRUZ, ROBERTO E
Address: 825 S.W. 87TH AVENUE, SUITE C
City-St-Zip: MIAMI, FL 33174 US

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: ROBERTO E. CRUZ, M.D. PD 04/30/2007
Electronic Signature of Signing Officer or Director Date