2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P07000007043

Entity Name: MIAMI-SUNSHINE HEALTH CARE, INC.

Current Principal Place of Business:

2595 SW 87TH AVENUE
MIAMI, FL 33165 US

New Principal Place of Business:

8700 W FLAGLER ST
470
MIAMI, FL 33174 US

Current Mailing Address:

2595 SW 87TH AVENUE
MIAMI, FL 33165 US

New Mailing Address:

8700 W FLAGLER ST
470
MIAMI, FL 33174 US

FEI Number: 20-8264892 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, JAVIER
2595 SW 87TH AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

HERNANDEZ, JAVIER
8700 W FLAGLER ST
470
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: JAVIER HERNANDEZ 02/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HERNANDEZ, INCEL
Address: 2595 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33165 US

Title: STD ( ) Delete
Name: HERNANDEZ, JAVIER
Address: 2595 SW 87TH AVENUE
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HERNANDEZ, INCEL
Address: 8700 W FLAGLER ST. SUITE 470
City-St-Zip: MIAMI, FL 33174 US

Title: STD (X) Change ( ) Addition
Name: HERNANDEZ, JAVIER
Address: 8700 W FLAGLER ST. SUITE 470
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: JAVIER HERNANDEZ STD 02/25/2009
Electronic Signature of Signing Officer or Director Date