

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085184

FILED  
Jan 13, 2010  
Secretary of State

**Entity Name:** SUNSHINE PHARMACY AT LIVINGSTON, INC

**Current Principal Place of Business:**

10320 LIVINGSTON RD.  
UNIT 8  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

5482 RATTLESNAKE HAMMOCK RD.  
NAPLES, FL 34113

**New Mailing Address:**

**FEI Number:** 26-0600508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PARRISH, DELMER H  
5482 RATTLESNAKE HAMMOCK RD.  
NAPLES, FL 34113 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: P  
Name: PARRISH, DELMER H  
Address: 5482 RATTLESNAKE HAMMOCK RD.  
City-St-Zip: NAPLES, FL 34113

Title: VP  
Name: PARRISH, RENEE E  
Address: 5482 RATTLESNAKE HAMMOCK RD.  
City-St-Zip: NAPLES, FL 34113

I hereby 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 all other like empowered.

**SIGNATURE:** DEL PARRISH

PSD

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date