

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078454

Entity Name: SUNSHINE MEDICAL, INC.

FILED  
Jul 07, 2009  
Secretary of State

## Current Principal Place of Business:

5274 GOLDEN GATE PKWY  
SUITE 2  
NAPLES, FL 34116

## Current Mailing Address:

5274 GOLDEN GATE PKWY  
SUITE 2  
NAPLES, FL 34116

FEI Number: 37-1572171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

255 AIRPORT ROAD SOUTH  
SUITE 255  
NAPLES, FL 34104

## New Mailing Address:

255 AIRPORT ROAD SOUTH  
SUITE 255  
NAPLES, FL 34104

## Name and Address of Current Registered Agent:

GARCON, GREGOIRE DR.  
5274 GOLDEN GATE PKWY  
SUITE 2  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

GARCON, GREGOIRE DR.  
255 AIRPORT ROAD SOUTH  
SUITE 255  
NAPLES, FL 34104 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: DR. GREGOIRE GARCON

07/07/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GARCON, GREGOIRE DR.  
Address: 5274 GOLDEN GATE PKWY SUITE 2  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GARCON, GREGOIRE DR.  
Address: 255 AIRPORT ROAD SOUTH, SUITE 255  
City-St-Zip: NAPLES, FL 34104

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: DR. GREGOIRE GARCON

P

07/07/2009

Electronic Signature of Signing Officer or Director

Date