

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004295

FILED
May 14, 2012
Secretary of State

Entity Name: SUNSHINE MEDICAL AT PALM, INC.

Current Principal Place of Business:

411 9TH ST., N.
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

411 9TH ST., N.
NAPLES, FL 34102

New Mailing Address:

FEI Number: 26-4048469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

411 9TH ST N.
NAPLES
FL, FL 34102 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

OFFICERS AND DIRECTORS:

Title: DPS
Name: PARRISH, DELMER H
Address: 5482 RATTLESNAKE HAMMOCK ROAD
City-St-Zip: NAPLES, FL 34113

Title: DVT
Name: PARRISH, RENEE E
Address: 5482 RATTLESNAKE HAMMOCK ROAD
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

DPS

05/14/2012

Electronic Signature of Signing Officer or Director

Date