2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000026291

LOFGREN, CHRISTOPHER

101 GARLAND CIRCLE PALM HARBOR, FL 34683

Name: Address:

City-St-Zip:

Entity Name: SUNSHINE STATE HOME HEALTH CARE INC

FILED Apr 27, 2012 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LAND CIRCLE RBOR, FL 346				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	RLAND CIRCLE RBOR, FL 346				
FEI Number:	: 26-4619091	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			: Name and Address o	Name and Address of New Registered Agent:	
	I, ANNA AND CIRCLE RBOR, FL 346	683 US			
	named entity e of Florida.	submits this statement for t	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered	Agent	Date	
OFFICER	S AND DIREC	CTORS:			
Title: Name: Address: City-St-Zip:	P LOFGREN, ANI 101 GARLAND PALM HARBOF	CIRCLE			
Title:	VP				

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: ANNA LOFGREN P 04/27/2012