

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000028115

Entity Name: SUNSHINE INTEGRATIVE HEALTH, INC.

FILED
Mar 13, 2012
Secretary of State

Current Principal Place of Business:

408 W. UNIVERSITY AVENUE
SUITE 503
GAINESVILLE, FL 32601 US

New Principal Place of Business:

5200 W. NEWBERRY ROAD
SUITE D4
GAINESVILLE, FL 32607 US

Current Mailing Address:

408 W. UNIVERSITY AVENUE
SUITE 503
GAINESVILLE, FL 32601 US

New Mailing Address:

5200 W. NEWBERRY ROAD
SUITE D4
GAINESVILLE, FL 32607 US

FEI Number: 26-4549895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOSEPH J
408 W. UNIVERSITY AVENUE
SUITE 503
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

WILLIAMS, JOSEPH J
5200 W. NEWBERRY ROAD
SUITE D4
GAINESVILLE, FL 32607 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: JOSEPH J WILLIAMS

03/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILLIAMS, JOSEPH J
Address: 5200 W. NEWBERRY ROAD SUITE D4
City-St-Zip: GAINESVILLE, FL 32607 US

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: JOSEPH J WILLIAMS

P

03/13/2012

Electronic Signature of Signing Officer or Director

Date