

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000080165

**FILED**  
**Oct 27, 2010**  
**Secretary of State**

**Entity Name:** SUNSHINE MEDICAL AND CHIROPRACTIC CARE INC.

**Current Principal Place of Business:**

20401 NW 2ND AVE  
SUITE 106  
MIAMI, FL 33169 US

**New Principal Place of Business:**

5327 NORTH STATE ROAD 7  
TAMARAC, FL 33319 US

**Current Mailing Address:**

20401 NW 2ND AVE  
SUITE 106  
MIAMI, FL 33169 US

**New Mailing Address:**

5327 NORTH STATE ROAD 7  
TAMARAC, FL 33319 US

**FEI Number:** 27-0999962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ELOI, EMMANUEL  
20401 NW 2ND AVE  
SUITE 106  
MIAMI, FL 33169 US

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

ELOI, EMMANUEL  
5327 NORTH STATE ROAD 7  
TAMARAC, FL 33319 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: EMMANUEL ELOI, M.D.

10/27/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ELOI, EMMANUEL  
Address: 5327 N. STATE ROAD 7  
City-St-Zip: TAMARAC, FL 33319 US

Title: VP  
Name: ELOI, LOURDES  
Address: 5327 NORTH STATE ROAD 7  
City-St-Zip: TAMARAC, FL 33319 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: EMMANUEL ELOI, M.D.

P

10/27/2010

Electronic Signature of Signing Officer or Director

Date