

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000080165

FILED
Mar 26, 2012
Secretary of State

Entity Name: SUNSHINE MEDICAL AND CHIROPRACTIC CARE INC.

Current Principal Place of Business:

5327 NORTH STATE ROAD 7
TAMARAC, FL 33319 US

New Principal Place of Business:

3500 NORTH STATE ROAD 7
211-212
LAUDERDALE LAKES, FL 33319 US

Current Mailing Address:

5327 NORTH STATE ROAD 7
TAMARAC, FL 33319 US

New Mailing Address:

3500 NORTH STATE ROAD 7
211-212
LAUDERDALE LAKES, FL 33319 US

FEI Number: 27-0999962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELOI, EMMANUEL
5327 NORTH STATE ROAD 7
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

ELOI, EMMANUEL
3500 NORTH STATE ROAD 7
211-212
LAUDERDALE LAKES, 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:

03/26/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ELOI, EMMANUEL
Address: 3500 NORTH STATE ROAD 7 211-212
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: VP
Name: ELOI, LOURDES
Address: 3500 NORTH STATE ROAD 7 211-212
City-St-Zip: LAUDERDALE LAKES, 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, MD

P

03/26/2012

Electronic Signature of Signing Officer or Director

Date