

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SUNSHINE HEALTH GROUP, CORP

Certificate of Status	0
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Corporate Filing Menu

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13 MAR 18 AM 10:29
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TALLAHASSEE, FLORIDA

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March 15th, 2013

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TALLAHASSEE, FLORIDA

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of
of Doc # P10000028849

Sunshine Health Group, Corp

are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

M. J. O'Neil

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

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ARTICLE I - NAME

The name of the corporation shall be:

Sunshine Health Group, Corp

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7480 SW 40 ST. STE 660
Miami FL 33155

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIO TORRES. MD
7480 SW 40 ST. STE. 660
Miami FL 33155

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

MARIO TORRES MD.
7480 SW 40 ST. STE 660
Miami FL 33155.

The undersigned incorporator has executed these Articles of Incorporation this

15th day of March 20 13.



Signature

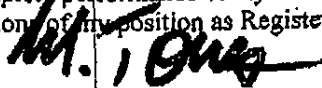
ARTICLE VI - DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

MARIO TORRES MD. (P)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as Registered Agent.



Registered Agent Signature

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