ACCORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995
AMOUNT DUE ON OR BEFORE 04/30/95: $25.00 (IF MAILED LATE, CORRECT AMOUNT DUE TO INCORPORATE: $275)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -1 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000040757 (5)

1. Corporation Name
SUNSHINE SENIOR CARE, INC.

Principal Place of Business	Mailing Address
7800 S.W. 87TH AVE. SUITE C-300 MIAMI FL 33173	7800 S.W. 87TH AVE. SUITE C-300 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/09/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 13517 SW 102 LANE
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL
24: Zip: 33186
25: Country: USA

2a. Mailing Address
26: 13517 SW 102 LANE
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL.
29: Zip: 33186
30: Country: USA

4. FEI Number: 65-0417693 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.
777 BRICKELL AVE
SUITE 1200
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS (IN 13)		
TITLE	PSTD	11 TITLE		☐ Change ☐ Addition
NAME	YARNOLD, MARK S	12 NAME		
STREET ADDRESS	11195 SW 88TH ST., APT J212	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MEYERSON, STEVEN	22 NAME	DELETE	
STREET ADDRESS	7800 SW 87TH AVE SUITE C-300	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	RAFULS, WILLIAM	32 NAME	DELETE	
STREET ADDRESS	2000 S DIXIE HWY SUITE 114	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	ADD VP SHLD	☑ Change ☐ Addition
NAME	GOLDSTEIN, FRANK	42 NAME	SAME	
STREET ADDRESS	2000 S DIXIE HWY SUITE 114	43 STREET ADDRESS	13517 SW 102 LANE	
CITY-ST-ZIP	MIAMI FL 33133	44 CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	MINTZ, SANFORD	52 NAME	DELETE	
STREET ADDRESS	7800 SW 57 AVE SUITE 205-A	53 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRANK GOLDSTEIN VP D 7/28/95 305 385-0152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060581 CP