2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010782

Entity Name: SUNSHINE HOME HEALTH CARE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2600 TECHNOLOGY DRIVE STE. 300 ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

P.O. BOX 53-6576 ORLANDO, FL 328536576

FEI Number: 59-3221497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: CARTER, PHILIP L Name: CARTER, PHILIP L

Address: 2600 TECHNOLOGY DRIVE, STE. 300 Address: 2600 TECHNOLOGY DRIVE, STE. 300

City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 US

Name: ZIOMEK, JANET L Name: ZIOMEK, JANET L

Address: 2600 TECHNOLOGY DRIVE, STE. 300 Address: 2600 TECHNOLOGY DRIVE, STE. 300

City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: MYERS, REBECCA L Name: MYERS, REBECCA L

Address: 2600 TECHNOLOGY DRIVE, STE. 300 Address: 2600 TECHNOLOGY DRIVE, STE. 300

City-St-Zip: ORLANDO, FL 32804 City-St-Zip: ORLANDO, FL 32804 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REBECCA MYERS S 04/30/2004