

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000017605 (3)**

1. Corporation Name  
**SUNSHINE GENERAL MEDICAL GROUP, INC.**



Principal Place of Business: **1240 NW 119TH STREET MIAMI FL 33168**  
Mailing Address: **1240 NW 119TH STREET MIAMI FL 33168**

3. Date Incorporated or Qualified: **03/02/1995**  
3a. Date of Last Report: \_\_\_\_\_  
4. FEI Number: **65-0370310**  
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

2. Principal Place of Business: 21 \_\_\_\_\_  
22 Suite, Apt., etc.: \_\_\_\_\_  
23 City & State: \_\_\_\_\_  
24 Zip: \_\_\_\_\_ 25 Country: \_\_\_\_\_  
2a. Mailing Address: 26 \_\_\_\_\_  
27 Suite, Apt., etc.: \_\_\_\_\_  
28 City & State: \_\_\_\_\_  
29 Zip: \_\_\_\_\_ 30 Country: \_\_\_\_\_

9. Name and Address of Current Registered Agent: **OZUNA, RAFAEL 1240 NW 119TH STREET MIAMI FL 33168**  
10. Name and Address of New Registered Agent: 81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0507 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>OZUNA, RAFAEL</b> <input type="checkbox"/> DELETE	1.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>OZUNA, RAFAEL</b>		1.2 NAME: _____	
STREET ADDRESS: <b>1240 NW 112TH STREET</b>		1.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL 33168</b>		1.4 CITY-STATE-ZIP: _____	
TITLE: <b>VD</b>	<b>OZUNA, ANGEL</b> <input type="checkbox"/> DELETE	2.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>OZUNA, ANGEL</b>		2.2 NAME: _____	
STREET ADDRESS: <b>1240 NW 112TH STREET</b>		2.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL 33168</b>		2.4 CITY-STATE-ZIP: _____	
TITLE: <b>VD</b>	<b>CAMPILLO, LUIS DR.</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>CAMPILLO, LUIS DR.</b>		3.2 NAME: _____	
STREET ADDRESS: <b>1240 NW 112TH STREET</b>		3.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL 33168</b>		3.4 CITY-STATE-ZIP: _____	
TITLE: <b>TD</b>	<b>COLON, JUAN</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>COLON, JUAN</b>		4.2 NAME: _____	
STREET ADDRESS: <b>1240 NW 112TH STREET</b>		4.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL 33168</b>		4.4 CITY-STATE-ZIP: _____	
TITLE: <b>SD</b>	<b>BRETON, CRISTIAN DR.</b> <input type="checkbox"/> DELETE	5.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BRETON, CRISTIAN DR.</b>		5.2 NAME: _____	
STREET ADDRESS: <b>1240 NW 112TH STREET</b>		5.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: <b>MIAMI FL 33168</b>		5.4 CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____	
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____	
CITY-STATE-ZIP: _____		6.4 CITY-STATE-ZIP: _____	

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)(k), Florida Statutes. I further certify 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 from an attachment with an address.

SIGNATURE: **X** *[Signature]* **TREASURY** **02/15/96 (305) 688-9060**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)