

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000059873 (6)

1. Corporation Name

SUNSHINE THERAPY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% JOAN SIDOFF
322 ONTARIO AVENUE
CRYSTAL BEACH FL 34681

PO BOX 191
CRYSTAL BEACH FL 34681
US

2. Principal Place of Business

2a. Mailing Address

21 290 Florida Blvd.

26 Suite, Apt. #, etc.

22 Crystal Beach FL

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

26 USA

27

28

29

30

3. Date Incorporated or Qualified

08/02/1995

4. FEI Number

59-3330327

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDOFF, JOAN
322 ONTARIO AVENUE
ORMOND BEACH FL 34681

81 Name

Sidoff, Joan

82 Street Address (P.O. Box Number is Not Acceptable)

290 Florida Blvd.

83

Crystal Beach

84 City

FL

85 Zip Code

34681

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 SIDOFF, JOAN
322 ONTARIO AVENUE 290 Florida Blvd
CRYSTAL BEACH FL 34681

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Joan Sidoff
290 Florida Blvd
Crystal Beach FL 34681

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change Addition

14. I hereby certify that the information supplied with this filing 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

Joan Sidoff

1-28-98

913-785-8418

CR2E034 (10/97)