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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059873

SUNSHINE THERAPY SERVICES, INC.

| Principal Place | e of Business | | Mailing Address | | | | | | | 1151 VUSBI B | |) (406 0 (1)); 1 00) |
|--|--|---|---|---|--|---------------------------|---|--|---------------------|------------------------|---------------------------|--|
| 290 FLORIDA | BLVD | 1 | PO BOX 191 | | | | | | | | | |
| 222 ONTARIO-AVENUE CRYSTAL BEACH FL 34681 | | | CRYSTAL BEACH FL 346 | 81 | | | | DO NOT V | MRITE I | IN THIS S | SDACE | |
| US BEAU | H FL 34681 | , | US | | | - | 3 Date Inco | orporated or Quali | | IN THIS | SPACE | <u> </u> |
| | | | | | | | 08/02/ | • | | | | |
| 2. Principal Pl | ace of Business | 2 | 2a. Mailing Address | | | | 4. FEI Num | | | | A | pplied For |
| 21 290 F | iocida Ave | 26 | 6 | | | | 59-333 | 0327 | | | N | ot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | , | 5 Certificate | of Status Desire | d [| 7 | | Additional |
| | tal Beach | 27 | | | | | V. Continuate | | * | <u> </u> | Fee R | tequired |
| City & State | e | \vdash | City & State | | | | l | Campaign Financi | ing [| 3 | • | May Be |
| 23 FL | Country | 28 | Zip | Countr | 21 | | | nd Contribution | | | | to Fees |
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| 24 | 9. Name and Address | | | 1301 | | | | nd Address of No | w Regi | | | |
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| | PFF, JOAN | | | 82 | 2 (* | | o (D.O. Boy N | lumber is Not Acc | ontoblo | , - | | |
| | FLORIDA BL VD | | | 04 | | | Flaride | | epiable | , | | |
| ORM | IOND BEACH FL 3468 | 1 | | 83 | | <u> </u> | , , , , , , , , , , , , , , , , , , , | - J-11 | - *** | | | |
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| | | | | 0- | • | Crust | n I Bec | ach | | FL. | 163 Zip | 0000 |
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| 11. Pursuant t | to the provisions of Section | ns 607.0502 and | 1 607.1508, Florida Statu | utes, the abov | ve-na | ned corpor | anon submits | this statement for | the pur | pose or c | hanging it | anietered |
| office or re | to the provisions of Section egistered agent, or both, in m familiar with, and accep | n the State of Flo | orida. Such change was | authorized by | y the (| med corpor corporation | 's board of dire | this statement for ectors. I hereby a | the pur ccept th | pose of c le appoin | changing it tment as n | egistered |
| office or re | egistered agent, or both, in | n the State of Flo | orida. Such change was | authorized by | y the (| med corpor corporation | 's board of dire | this statement for ectors. I hereby a | ccept th | ie appoin | changing it tment as r | egistered |
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| office or reagent. I as SIGNATURE 12. | egistered agent, or both, in familiar with, and accept signature, typed or printed name of OF | n the State of Flo of the obligations fregistered agent and til | orida. Such change was of, Section 607.0505, FI | TE: Registered Age 13. 1.1 TITLE | y the (| corporation' | 's board of dire | ectors. I hereby a | ccept th | DATE | tment as re | egistered |
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

727-785-8418