# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 12, 2004**
**Secretary of State**

DOCUMENT# P97000035573

**Entity Name:** SUN CARE SERVICES OF SOUTH FLORIDA, CORP.

**Current Principal Place of Business:**

9880 SW 40TH STREET
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9880 SW 40TH STREET
MIAMI, FL 33165

**New Mailing Address:**

**FEI Number: 65-0746204** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GONZALEZ, JORGE A
9880 SW 40TH ST
MIAMI, FL 33165 US

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

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:**

Title: PD ( ) Delete
Name: GONZALEZ, JORGE A
Address: 5025 SW 113 CT
City-St-Zip: MIAMI, FL 33165

Title: SD ( ) Delete
Name: OLBERA, OSVALDO J
Address: 5620 SW 108 COURT
City-St-Zip: MIAMI, FL 33165

Title: DVP ( ) Delete
Name: GONZALEZ, DAMASO
Address: 11191 SW 62ND TERR
City-St-Zip: MIAMI, FL 33173

Title: DVP ( ) Delete
Name: SANTANA, MARIA E
Address: 5620 SW 108 COURT
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JORGE A. GONZALEZ PD 02/12/2004

Electronic Signature of Signing Officer or Director — Date