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FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000079401 (0)

1. Corporation Name
SUNSET HEALTH, INC.

Principal Place of Business
11626 N. DALE MABRY HIGHWAY
TAMPA FL 33618

Mailing Address
11626 N. DALE MABRY HIGHWAY
TAMPA FL 33618



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/15/1997

4. FEI Number
59-3468878

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
BREWER, GARY
13648 PLAINVIEW ROAD
ODESSA FL 33556

10. Name and Address of New Registered Agent
11 Name
12 Street Address (P.O. Box Number is Not Acceptable)
13
14 City FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BREWER, GARY V	
STREET ADDRESS	11626 N. DALE MABRY HIGHWAY	
CITY - ST - ZIP	TAMPA FL 33618	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BREWER, DELIA K	
STREET ADDRESS	13648 PLAINVIEW ROAD	
CITY - ST - ZIP	ODESSA FL 33556	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	Brewer, GARY V	
1.3	13648 Plainview Rd	
1.4	Odessa, FL. 33556	
2.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2		
2.3		
2.4		
3.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2		
3.3		
3.4		
4.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2		
4.3		
4.4		
5.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2		
5.3		
5.4		
6.1		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2		
6.3		
6.4		

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: [Signature] DATE: 1-20-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

CR2E034 (10/97)