


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000060514
 1. Entity Name
 SUNBEAM HEALTH CARE SERVICES, INC.



Principal Place of Business Mailing Address
 1916 UNIVERSITY BLVD, N P.O. BOX 19724
 JACKSONVILLE, FL 32211 US JACKSONVILLE, FL 32245

DO NOT WRITE IN THIS SPACE



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3550606	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ABIDOGUN, MOJISOLA O
 11403 KABROON CT.
 JACKSONVILLE, FL 32245

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000146399
 05/03/04-80064-002 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABIDOGUN, MOJISOLA O P.O. BOX 19724 N/A JACKSONVILLE, FL 32245
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOJISOLA O. ABIDOGUN (Mojisola O. Abidogun) 4/26/04 (904) 762-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #