

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060514

FILED
May 04, 2007
Secretary of State

Entity Name: SUNBEAM HEALTH CARE SERVICES, INC.

Current Principal Place of Business:

1916 UNIVERSITY BLVD, N
JACKSONVILLE, FL 32211 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19724
JACKSONVILLE, FL 32245

New Mailing Address:

1916 UNIVERSITY BLVD.N
JACKSONVILLE, FL 32211

FEI Number: 59-3550606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABIDOGUN, MOJISOLA O
11403 KABROON CT.
JACKSONVILLE, FL 32246 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ABIDOGUN, MOJISOLA O
Address: P.O. BOX 19724 N/A
City-St-Zip: JACKSONVILLE, FL 32245

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ABIDOGUN, MOJISOLA O
Address: 11403 KABROON CT.
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MOJISOLA O. ABIDOGUN

PD

05/04/2007

Electronic Signature of Signing Officer or Director

_____ Date