2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066490

SANTA ROSA BCH, FL 32459

City-St-Zip:

Entity Name: SUNSHINE MEDICAL CENTER OF DESTIN, INC.

FILED Jan 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 350 BLUE MT. BEACH RD. SANTA ROSA BEACH, FL 32459 US **Current Mailing Address: New Mailing Address:** 2213 STERLINGWOOD DR BIRMINGHAM, AL 352431756 FEI Number: 59-3551701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALDRETE, VALENTINA 350 BLUE MT. BEACH RD. US SANTA ROSA BEACH, FL 32459 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ALDRETE, J. ANTONIO Name: Name: 350 BLUE MTN BCH RD Address: Address: City-St-Zip: SANTA ROSA BCH, FL 32459 City-St-Zip: () Delete Title: Title: () Change () Addition ALDRETE, VALENTINA Name: Name: 350 BLUE MTN BCH RD Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: VALENTINA ALDRETE VD 01/19/2007