

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90014 011 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000091704

1. Corporation Name

SUNSHINE MEDICAL MANAGEMENT CORP.

475448 - 90014 - 11

Principal Place of Business Mailing Address  
21311 N.W. 2ND AVE 21311 N.W. 2ND AVE  
NORTH MIAMI, FL. 33169. NORTH MIAMI, FL. 33169.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/29/98

4. FEI Number 65-0885323  
Applied For Not Applicable

2. Principal Place of Business

21 5843 JOHNSON ST.  
Suite, Apt. #, etc.

2a. Mailing Address

26 5843 JOHNSON ST.  
Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 HOLLYWOOD, FLORIDA  
City & State

28 HOLLYWOOD, FLORIDA  
City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33021 25 US  
Zip Country

29 33021 30 US  
Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ILIANA ROQUE  
21311 N.W. 2ND AVE  
NORTH MIAMI, FL. 33169.

81 Name ILIANA ROQUE  
82 Street Address (P.O. Box Number is Not Acceptable) 5843 JOHNSON ST.  
83  
84 City HOLLYWOOD FL 85 Zip Code 33021

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

X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/23/99

12. OFFICERS AND DIRECTORS

TITLE P/T/S ☐ DELETE  
NAME  
STREET ADDRESS ILIANA ROQUE  
CITY-ST-ZIP 21311 N.W. 2ND AVE

TITLE NORTH MIAMI, FL. 33169. ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ILIANA ROQUE ☒ Change ☐ Addition  
1.2 NAME 5843 JOHNSON ST  
1.3 STREET ADDRESS HOLLYWOOD, FL. 33021  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: X

ILIANA ROQUE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/99 (954) 964-0029

Date

Daytime Phone #