

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90078 004 ***150.00

DOCUMENT # P99000064624 1. Entity Name SUN CAPITAL HEALTHCARE, INC.					
Principal Place of Business 929 CLINT MOORE ROAD BOCA RATON FL 33487				Mailing Address 929 CLINT MOORE ROAD BOCA RATON FL 33487	
2. Principal Place of Business - No P.O. Box # 999 Yamato Road				3. Mailing Address 999 Yamato Road	
Suite, Apt. #, etc. Third Floor				Suite, Apt. #, etc. Third Floor	
City & State Boca Raton, FL				City & State Boca Raton, FL	
Zip 33431		Country USA		4. FEI Number 65-0941604	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RODEK, ROBERT 929 CLINT MOORE ROAD BOCA RATON FL 33487				7. Name and Address of New Registered Agent Name Robert Dodek Street Address (P.O. Box Number is Not Acceptable) 999 Yamato Road, Third Floor City Boca Raton FL Zip Code 33431	
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 Robert Dodek <i>[Signature]</i> 4-23-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/D BARONOFF, PETER R 929 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO/D Baronoff, Peter 999 Yamato Road, Third Floor Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOSLOW, HOWARD 929 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Koslow, Howard 999 Yamato Road, Third Floor Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEDER, LAWRENCE 929 CLINT MOORE ROAD BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Leder, Lawrence 999 Yamato Road, Third Floor Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Howard Koslow <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-23-07 561-869-3100 <small>Date Daytime Phone #</small>		