

2020 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000078454

Entity Name: SUNSHINE MEDICAL, INC.**Current Principal Place of Business:**1000 NW 45TH STREET
FORT LAUDERDALE, FL 33309**Current Mailing Address:**1000 NW 45TH STREET
FORT LAUDERDALE, FL 33309 US**FEI Number:** 37-1572171**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARCON, GREGOIRE DR.
1000 NW 45TH STREET
FORT LAUDERDALE, FL 33309 US*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:** GREGOIRE GARCON

05/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	GARCON, GREGOIRE DR.
Address	1000 NW 45TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	P
Name	GARCON, GREGORIE DR
Address	1000 NW 45TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	TREASURER
Name	DELIEN, AURIOLE
Address	2462 LAKE DEBRA DR APT#2309
City-State-Zip:	ORLANDO FL 32835

Title	MANAGER/SECRETARY
Name	DORCIN, CHARLES
Address	2181 NE 183RD STREET
City-State-Zip:	NORTH MIAMI FL 33179

I hereby 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 all other like empowered.

SIGNATURE: GREGOIRE GARCON

PRESIDENT

05/22/2020

Electronic Signature of Signing Officer/Director Detail

Date