## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010782

Entity Name: SUNSHINE HOME HEALTH CARE, INC.

**Current Principal Place of Business:** 

3600 VINELAND ROAD, SUITE 114

ORLANDO, FL 32811

## **Current Mailing Address:**

3600 VINELAND ROAD, SUITE 114 ORLANDO, FL 32811 US

FEI Number: 59-3221497 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 30, 2017

**Secretary of State** 

CC8973587416

Officer/Director Detail:

Title PRESIDENT, TREASURER, DIRECTOR Title SECRETARY, DIRECTOR

PIGG, TIMOTHY C. Name BURRES, STEVEN B. Name

3600 VINELAND ROAD, SUITE 114 Address 3600 VINELAND ROAD, SUITE 114 Address

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32811

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: STEVEN B. BURRES

**SECRETARY** 

04/30/2017