**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**May 01, 2023**
**Secretary of State**
**9646084041CC**

DOCUMENT# P94000010782

**Entity Name:** SUNSHINE HOME HEALTH CARE, INC.

**Current Principal Place of Business:**

10195 ANCORA CIRCLE #2400
ORLANDO, FL 32821

**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

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | CEO, DIRECTOR | Title | SECRETARY, DIRECTOR |
| Name | PIGG, TIMOTHY C. | Name | BURRES, STEVEN B. |
| Address | 3600 VINELAND ROAD, SUITE 114 | Address | 3600 VINELAND ROAD, SUITE 114 |
| City-State-Zip: | ORLANDO FL 32811 | City-State-Zip: | ORLANDO FL 32811 |
| Title | TREASURER | Title | PRESIDENT |
| Name | KOENIG, THOMAS J. | Name | MENCHEN, ROBIN L |
| Address | 3600 VINELAND ROAD, SUITE 114 | Address | 3600 VINELAND ROAD, SUITE 114 |
| 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 05/01/2023

Electronic Signature of Signing Officer/Director Detail — Date