

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 050 ***150.00

DOCUMENT # M73459

1. Entity Name
SUN MEDICAL CORP.



Principal Place of Business
**6719 GALL BLVD
ZEPHYRHILLS, FL 33541 US**

Mailing Address
**6719 GALL BLVD
ZEPHYRHILLS, FL 33541 US**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2916394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELCH, DONALD 7050 GALL BLVD ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, MIGUEL B M.D. 6719 GALL BLVD., STE 205 ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUCHTIG, ROBERT 6719 GALL BLVD ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MADANI, BEHROUZ M.D. 6719 GALL BLVD., SUITE 208 ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERLITA, JOHN A M.D 6719 GALL BLVD, STE 208 ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAK, TEW A. M 6719 GALL BLVD., SUITE 107 ZEPHYRHILLS, FL

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2006

Date

Daytime Phone # _____