

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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**



01312008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

U00000835721
02/29/08-80045-013 150.00

**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

Date

Daytime Phone #

2.13.08

813-783-6100