

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M73459

FILED  
Jan 06, 2011  
Secretary of State

Entity Name: SUN MEDICAL CORP.

**Current Principal Place of Business:**

6719 GALL BLVD  
ZEPHYRHILLS, FL 33541 US

**New Principal Place of Business:**

**Current Mailing Address:**

6719 GALL BLVD  
ZEPHYRHILLS, FL 33541 US

**New Mailing Address:**

FEI Number: 59-2916394

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: WELCH, DONALD  
Address: 7050 GALL BLVD  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: SD  
Name: SAK, TEW A. M  
Address: 6719 GALL BLVD, STE 107  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: VD  
Name: MADANI, BEHROUZ M.D.  
Address: 6719 GALL BLVD., SUITE 208  
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: P  
Name: FERLITA, JOHN A M.D  
Address: 6719 GALL BLVD., SUITE 208  
City-St-Zip: ZEPHYRHILLS, FL 33542

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: JOHN A FERLITA, M.D., P.A.

P

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date