

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071329

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** SUNNY ISLES MEDICAL - ASSOCIATES INC.

**Current Principal Place of Business:**

2760 WEST SUNRISE BLVD.  
SUNRISE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2760 WEST SUNRISE BLVD.  
SUNRISE, FL 33311

**New Mailing Address:**

**FEI Number:** 65-1027000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ITCHMELYAN, ANDRANIK  
18186 COLLINS AVENUE  
SUNNY ISLES BEACH, FL 33160 US

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

ITCHMELYAN, ANDRANIK  
2760 WEST SUNRISE BOULEVARD  
SUNRISE, FL 33311 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:** ANDRANIK ITCHMELYAN

02/13/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** ITCHMELYAN, ANDRANIK  
**Address:** 321 S. E. 4TH STREET  
**City-St-Zip:** DANIA BEACH, FL 33004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** ANDRANIK ITCHMELYAN

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date