

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010775

FILED
Jan 22, 2010
Secretary of State

Entity Name: SUNSHINE PHYSICAL THERAPY & FITNESS CENTER, INC.

Current Principal Place of Business:

5192 10TH AVENUE NORTH
GREENACRES, FL 334632051 US

New Principal Place of Business:

5190 10TH AVENUE NORTH
GREENACRES, FL 334632051 US

Current Mailing Address:

5192 10TH AVENUE NORTH
GREENACRES, FL 334632051 US

New Mailing Address:

5190 10TH AVENUE NORTH
GREENACRES, FL 334632051 US

FEI Number: 65-1114222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMIR, MAHMOOD
5192 10TH AVENUE NORTH
GREENACRES, FL 334632051 US

Name and Address of New Registered Agent:

AMIR, MAHMOOD
5190 10TH AVENUE NORTH
GREENACRES, FL 334632051 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:

01/22/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD
Name: AMIR, MAHMOOD
Address: 5273 CANNON WAY
City-St-Zip: WEST PALM BACH, FL 33415 US

Title: VP
Name: KHAN, MANZOOR A
Address: 5273 CANNON WAY
City-St-Zip: WEST PALM BEACH, FL 33415 US

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: MAHMOOD AMIR

PSD

01/22/2010

Electronic Signature of Signing Officer or Director

Date