

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000010775

**FILED**  
**Mar 04, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

5190 10TH AVENUE NORTH  
GREENACRES, FL 334632051 US

**New Principal Place of Business:**

**Current Mailing Address:**

5190 10TH AVENUE NORTH  
GREENACRES, FL 334632051 US

**New Mailing Address:**

**FEI Number:** 65-1114222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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03/04/2012

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

\_\_\_\_\_  
Date