

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000084442

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** SUNSHINE MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

2227 NW 77 TERRACE  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

3204 ISLEWOOD AVE  
WESTON, FL 33331 US

**Current Mailing Address:**

2227 NW 77 TERRACE  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

8362 PINES BLVD  
#290  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 05-0580115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AZULAY, RAFAEL  
2227 NW 77 TERRACE  
PEMBROKE PINES, FL 33024 US

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

AZULAY, RAFAEL  
3204 ISLEWOOD AVE  
WESTON, FL 33331 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:** RAFAEL AZULAY M.D.

01/18/2007

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** AZULAY, RAFAEL  
**Address:** 2227 NW 77 TERRACE  
**City-St-Zip:** PEMBROKE PINES, FL 33024 US

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

**Title:** D (X) Change ( ) Addition  
**Name:** AZULAY, RAFAEL  
**Address:** 3204 ISLEWOOD AVE  
**City-St-Zip:** WESTON, FL 33331 US

I hereby certify that the information supplied with this filing does not qualify for the 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:** RAFAEL AZULAY M.D.

D

01/18/2007

Electronic Signature of Signing Officer or Director

Date