

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089959

Entity Name: SUNRISE NEUROLOGY P.A.

FILED  
Jan 08, 2005  
Secretary of State

## Current Principal Place of Business:

38240 DAUGHTERY ROAD  
ZEPHYRHILLS, FL 33540 US

## New Principal Place of Business:

## Current Mailing Address:

38240 DAUGHTERY ROAD  
ZEPHYRHILLS, FL 33540 US

## New Mailing Address:

FEI Number: 20-0167660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PATEL, PRAKASHKUMAR MD  
10307 VENITIA REAL AVENUE  
UNIT 108  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

PATEL, PRAKASHKUMAR MD  
38240 DAUGHTERY ROAD  
TAMPA, FL 33540 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:

01/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PRAKASHKUMAR, PATEL MD  
Address: 10307 VENITIA REAL AVENUE, APT 108  
City-St-Zip: TAMPA, FL 33647 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: PRAKASHKUMAR, PATEL MD  
Address: 38240 DAUGHTERY ROAD  
City-St-Zip: TAMPA, FL 33540 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PRAKASHKUMAR PATEL

DR

01/08/2005

Electronic Signature of Signing Officer or Director

Date