

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000078250

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** SUNSHINE SPINE & PAIN, P.A.

**Current Principal Place of Business:**

1699 WATERS EDGE DRIVE  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

14540 OLD ST. AUGUSTINE RD  
SUITE 2397  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

1699 WATERS EDGE DRIVE  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

14540 OLD ST. AUGUSTINE RD  
SUITE 2397  
JACKSONVILLE, FL 32258

**FEI Number:** 38-3722157

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REHMAN, ARKAM  
1699 WATERS EDGE DRIVE  
FLEMING ISLAND, FL 32003 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: PST  
Name: REHMAN, ARKAM  
Address: 1699 WATERS EDGE DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

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: DR. ARKAM REHMAN

P

03/09/2011

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

\_\_\_\_\_  
Date