2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2012
Secretary of State

DOCUMENT# P05000078250

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

REHMAN, ARKAM
14540 OLD ST. AUGUSTINE RD
SUITE 2397
JACKSONVILLE, FL 32258 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: DR. ARKAM REHMAN 02/23/2012
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 02/23/2012
Electronic Signature of Signing Officer or Director Date