

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010382

FILED  
Mar 07, 2007  
Secretary of State

Entity Name: SUNSHINE NEUROLOGY PA

## Current Principal Place of Business:

9900 BROADWAY STREET  
#1741  
PEARLAND, TX 77584

## New Principal Place of Business:

1901 HAVERFORD PLAZA  
109  
SUN CITY CENTER, FL 33573

## Current Mailing Address:

9900 BROADWAY STREET  
#1741  
PEARLAND, TX 77584

## New Mailing Address:

P.O BOX 5530  
SUN CITY CENTER, FL 33571

FEI Number: 20-5013739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANIANO, JAMES  
4175 EAST BAY DR  
#130  
CLEARWATER, FL 33764 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PATEL, KAMLESH  
Address: 9900 BROADWAY STREET, #1741  
City-St-Zip: PEARLAND, TX 77584

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PATEL, KAMLESH  
Address: 11833 NEWBERRY GROVE LOOP  
City-St-Zip: RIVERVIEW, FL 33569

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: KAMLESH PATEL

P

03/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date