

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000071535

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE WALK-IN CLINIC, INC.

**Current Principal Place of Business:**

3260 MURRELL ROAD  
SUITE 102  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

3260 MURRELL ROAD  
SUITE 102  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 90-0278061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARSOUM, NAGEH MD  
1572 LARAMIE CIRCLE  
MELBOURNE, FL 32940 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: P  
Name: BARSOUM, NAGEH MD  
Address: 1572 LARAMIE CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: VP  
Name: BARSOUM, WARDA  
Address: 1572 LARAMIE CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

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: NAGEH BARSOUM, MD

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03/26/2012

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

\_\_\_\_\_  
Date