

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131291

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE MEDICAL ASSOCIATES INC.

**Current Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**Current Mailing Address:**

3820 TAMPA ROAD  
SUITE 102  
PALM HARBOR, FL 34684

**New Mailing Address:**

3820 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684

**FEI Number:** 26-1552740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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: ALAN S. GASSMAN

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TARPON SPRINGS MEDICAL ASSOCIATES, LLC  
Address: 3820 TAMPA ROAD, SUITE 202  
City-St-Zip: PALM HARBOR, FL 34684

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: ARON SCHLAU FOR TSMA, LLC

PRES

04/20/2012

Electronic Signature of Signing Officer or Director

Date