

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000037338

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** SUNSHINE CHIROPRACTIC & MEDICAL CENTER, INC.

**Current Principal Place of Business:**

5100 W. COMMERCIAL BLVD  
SUITE 14  
TAMARAC, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

5100 W. COMMERCIAL BLVD  
SUITE 14  
TAMARAC, FL 33319 US

**New Mailing Address:**

**FEI Number:** 26-2385405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONOFF, ERIK  
2803 NE 15 ST  
POMPANO BEACH, FL 33062 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,S  
**Name:** BONOFF, ERIK  
**Address:** 2803 NE 15 ST  
**City-St-Zip:** POMPAN BEACH, FL 33062 US

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:** ERIK BONOFF

PS

04/30/2012

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

\_\_\_\_\_  
Date