

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000047545

Entity Name: SUNARC, INC.

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

MY KID'S CLINIC  
829 W. DR. MLK JR BLVD., SUITE 100  
TAMPA, FL 33603

## **New Principal Place of Business:**

MY KID'S CLINIC  
1213 W. HILLSBOROUGH AVE  
TAMPA, FL 33603

## **Current Mailing Address:**

MY KID'S CLINIC  
829 W. DR. MLK JR BLVD., SUITE 100  
TAMPA, FL 33603

## **New Mailing Address:**

MY KID'S CLINIC  
1213 W. HILLSBOROUGH AVE  
TAMPA, FL 33603

FEI Number: 59-3578459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATEL, DAKSHA R  
16606 VILLALENDA DE AVILA  
TAMPA, FL 33613 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: PSTD  
Name: PATEL, DAKSHA R  
Address: 16606 VILLALENDA DE AVILA  
City-St-Zip: TAMPA, FL 33613

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: DAKSHA R PATEL

PSTD

02/08/2011

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

\_\_\_\_\_  
Date