

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000010382

Entity Name: SUNSHINE NEUROLOGY PA

Current Principal Place of Business:

717 IMAR DR
SUN CITY CENTER, FL 33573

Current Mailing Address:

717 IMAR DR
SUN CITY CENTER, FL 33573 US

FEI Number: 20-5013739

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUNSHINE NEUROLOGY PA
1645 SUN CITY CENTER PLZ
BOX 5530
SUN CITY CENTER, FL 33571 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: JAHNVI PATEL

04/08/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name PATEL, JAHNVI
Address 1645 SUN CITY CENTER PLZ
BOX 5530
City-State-Zip: SUN CITY CENTER FL 33571

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: JAHNVI PATEL

MANAGER

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date