

**2017 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  
5710 TERNPARK DR  
LITHIA, FL 33547 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

06/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name PATEL, KAMLESH  
Address 5710 TERNPARK DR  
City-State-Zip: LITHIA FL 33547

*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:** PATEL KAMLESH

MANAGER

06/14/2017

Electronic Signature of Signing Officer/Director Detail

Date