

**2018 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

01/17/2018

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

ADMIN

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date