# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2011**
**Secretary of State**

DOCUMENT# P08000111182

**Entity Name:** SUNNY RIDGE RETIREMENT AND ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

1713 WEST EUCLID AVE.
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

1713 WEST EUCLID AVE.
DELAND, FL 32720

**New Mailing Address:**

**FEI Number: 26-0213173** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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
Name: OCAMPO, MARIQUITA
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: VP
Name: OCAMPO, SHERMAN T
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: S
Name: OCAMPO, MARILOU
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

Title: T
Name: OCAMPO, RODRIGO
Address: 10330 WILLOW RIDGE LOOP
City-St-Zip: ORLANDO, FL 32825

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: RODRIGO OCAMPO TREA 04/26/2011

Electronic Signature of Signing Officer or Director — Date