

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075664

Entity Name: SUNRISE PRIMARY CARE INC

Current Principal Place of Business:

811 NORTH SUMMIT ST
STE. 100
CRESCENT CITY, FL 32112

Current Mailing Address:

P.O. BOX 249
PALATKA, FL 32178

FEI Number: 59-3736354

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GAW, ALBINO
114 TIMBERLANE
PALATKA, FL 32177 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name RIVERA, MARIA-JOSEFINA S. M.D.
Address 114 TIMBERLANE
City-State-Zip: PALATKA FL 32177

Title V
Name GAW, ALBINO
Address 114 TIMBERLANE
City-State-Zip: PALATKA FL 32177

Title SEC
Name GAW, ALBINO
Address 114 TIMBERLANE
City-State-Zip: PALATKA FL 32177

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: ALBINO GAW

V

03/04/2013

Electronic Signature of Signing Officer/Director Detail

Date