

**2018 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  
108 N. BARTRAM TRAIL  
SAN MATEO, FL 32187 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 108 N. BARTRAM TRAIL  
City-State-Zip: SAN MATEO FL 32187

Title V  
Name GAW, ALBINO  
Address 108 N. BARTRAM TRAIL  
City-State-Zip: SAN MATEO FL 32187

Title SEC  
Name GAW, ALBINO  
Address 108 N. BARTRAM TRAIL  
City-State-Zip: SAN MATEO FL 32187

*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

SEC

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date