

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078468

**Entity Name:** SUNRISE MANAGEMENT OF SARASOTA, INC.

**Current Principal Place of Business:**

6595 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**Current Mailing Address:**

6595 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242 US

**FEI Number:** 65-1129736

**Certificate of Status Desired:** No

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

DAVIDSON, JOHN B  
6595 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242 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	DAVIDSON, JOHN B
Address	6595 MIDNIGHT PASS RD
City-State-Zip:	SARASOTA FL 34242
Title	VP
Name	DAVIDSON, JOHN BJR
Address	4200 NORTHSIDE PARKWAY NW SUITE 200
City-State-Zip:	ATLANTA GA 30327

Title	S
Name	DAVIDSON, RITA G
Address	6595 MIDNIGHT PASS RD.
City-State-Zip:	SARASOTA FL 34242

*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:** JOHN B. DAVIDSON

**PRESIDENT**

**02/24/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date