

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000078468

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

**Current Principal Place of Business:**

6633 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242

**Current Mailing Address:**

6633 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  
6633 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 1281 S TAMIAMI TR  
City-State-Zip: SARASOTA FL 34239

Title S  
Name DAVIDSON, RITA G  
Address 1281 S TAMIAMI TR  
City-State-Zip: SARASOTA FL 34239

Title VP  
Name DAVIDSON, JOHN BJR  
Address 52 OLDE IVY SQ  
City-State-Zip: ATLANTA GA 30342

*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

P

04/18/2017

Electronic Signature of Signing Officer/Director Detail

Date