2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT				
DOCUMENT# P08000111182				
Entity Name: SUNNY RIDGE RETIREMENT AND ASSISTED LIVING FACILITY, INC.				
Current Principal Place of Business:				

1713 WEST EUCLID AVE. DELAND, FL 32720

# **Current Mailing Address:**

1713 WEST EUCLID AVE. DELAND, FL 32720

# FEI Number: 26-0213173

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

OCAMPO, MARILOU R 10330 WILLOW RIDGE LOOP ORLANDO, FL 32825 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	Ρ	Title	VP	
Name	OCAMPO, MARIQUITA	Name	OCAMPO, SHERMAN T	
Address	10306 JASMINE ROSE COURT	Address	10330 WILLOW RIDGE LOOP	
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825	
Title	_	<b>T</b> '01 -	-	
The	S	Title	I	
Name	S OCAMPO, MARILOU	Name	I OCAMPO, RODRIGO	
	-		I OCAMPO, RODRIGO 10306 JASMINE ROSE COURT	
Name	OCAMPO, MARILOU	Name		

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

TREASURER

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date