

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**  
 04-18-2000 90805 009 \*\*\*150.00

**DOCUMENT # 849269**

1. Entity Name  
**SUNRISE MEDICAL CCG INC.**

Principal Place of Business Mailing Address  
**JOERNS DR.** **2382 FARADAY AVE**  
**STEVENS POINT WI 54481-5040** **#200**  
**CARLSBAD CA 92008-7220**  
**US**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1343006** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>C</b> <b>CHANDLER, RICHARD</b> <b>2382 FARADAY AVE., STE. 200</b> <b>CARLSBAD CA 92008</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>MICHAEL N. HAMMES</b>	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>P</b> <b>ANDERSON-RAY, BEN</b> <b>5001 JOERNS DR</b> <b>STEVENS POINT WI 54481</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>VP</b> <b>WYKLE, STEPHEN</b> <b>5001 JOERNS DR.</b> <b>STEVENS POINT WI 54481</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>DT</b> <b>TARBET, TED N</b> <b>2382 FARADAY AVE SUTIE 200</b> <b>CARLSBAD CA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>AS</b> <b>SINASOHN, SAM</b> <b>2382 FARADAY AVE SUTIE 200</b> <b>CARLSBAD CA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>SGC</b> <b>JAYE, STEVEN A</b> <b>2582 FARADAY AVENUE, STE #200</b> <b>CARLSBAD GA 92008</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: **7609301586**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)