

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006912

FILED
Mar 24, 2011
Secretary of State

Entity Name: SUNRISE SENIOR LIVING HOME CARE, INC.

Current Principal Place of Business:

7900 WESTPARK DR.
STE. T900
MCLEAN, VA 22102

New Principal Place of Business:

Current Mailing Address:

7900 WESTPARK DR., STE. T900
ATTN: LEGAL DEPT
MCLEAN, VA 22102

New Mailing Address:

FEI Number: 20-4350141 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/D
Name: JEANNEAULT, RON
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

Title: VP/D
Name: MCDUFFIE, LAURA
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

Title: VP/T
Name: PAINTER, DAVID
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

Title: VP/S
Name: HADDOCK, DAVID
Address: 7900 WESTPARK DR., STE. T900
City-St-Zip: MCLEAN, VA 22102

Title: VP
Name: BURNETT, EDWARD
Address: 7900 WESTPARK DR., STE. T-900
City-St-Zip: MCLEAN, VA 22102

Title: VP
Name: COELHO, ANDREW
Address: 7900 WESTPARK DR., STE. T-900
City-St-Zip: MCLEAN, VA 22102

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: DAVID HADDOCK

VP/S

03/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date