2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# F96000000726

Entity Name: SUNRISE MEDICAL HHG INC.

Current Principal Place of Business:

7477 EAST DRY CREEK PARKWAY
LONGMONT, CO 80503

New Principal Place of Business:

Current Mailing Address:

2382 FARADAY AVENUE
SUITE #200
CARLSBAD, CA 92008

New Mailing Address:

FEI Number: 94-2785498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DSGC ( ) Delete
Name: JAYE, STEVEN A
Address: 2382 FARADAY AVE. #200
City-St-Zip: CARLSBAD, CA 92008

Title: P ( ) Delete
Name: JAYE, STEVEN A
Address: 2382 FARADAY AVE. #200
City-St-Zip: CARLSBAD, CA 92008

Title: VTAS ( ) Delete
Name: SINASOHN, SAM
Address: 2382 FARADAY AVE. SUITE 200
City-St-Zip: CARLSBAD, CA 92008

Title: D ( ) Delete
Name: SINASOHN, SAM
Address: 2382 FARADAY AVE., STE 200
City-St-Zip: CARLSBAD, CA 92008

Title: DO ( ) Delete
Name: MOORE, CURTIS
Address: 2382 FARADAY AVE. SUITE 200
City-St-Zip: CARLSBAD, CA 92008

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CURTIS MOORE DO 05/02/2007

Electronic Signature of Signing Officer or Director — Date