

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000726

FILED  
Apr 21, 2010  
Secretary of State

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:**

7477 EAST DRY CREEK PARKWAY  
LONGMONT, CO 80503

**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DUNNE, DANIEL F  
Address: 7477 EAST DRY CREEK PARKWAY  
City-St-Zip: LONGMONT, CO 80503

Title: VP  
Name: BINSTOCK, RANDI S  
Address: 7477 EAST DRY CREEK PARKWAY  
City-St-Zip: LONGMONT, CO 80503

Title: GC  
Name: SMITH, ROBERT  
Address: 7477 EAST DRY CREEK PARKWAY  
City-St-Zip: LONGMONT, CO 80503

Title: D  
Name: DUNNE, DANIEL F  
Address: 7477 EAST DRY CREEK PARKWAY  
City-St-Zip: LONGMONT, CO 80503

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: ROBERT SMITH

GC

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date