Mar 07 06 03:02p Archie Middleton

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90054 012 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J01848

1. Entity Name
SUNRISE DENTAL, INC.

Principal Place of Business
17820 SE 109TH AVE.
SUMMERFIELD, FL 34491

Mailing Address
1380 N BLVD W
LEESBURG, FL 34748-3900

03072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
500 South Highland St	500 South Highland St
Suite, Apt. #, etc. Mount Dora	Suite, Apt. #, etc. MT. Dora
City & State Florida	City & State Fl.
Zip 32757 Country USA	Zip 32757 Country USA

4. FEI Number 59-2627309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, MANUEL RODRIGUEZ
1380 N. BLVD. WEST
LEESBURG, FL 32748

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 03-9-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED MIDDLETON, MANUEL R. 7201 CHESTER HILL CR. MT.DORA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Manuel R. Middleton D.D.S. 03-9-06 352-308-9873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #