

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075114

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** SUNRISE HEALTH CARE MANAGEMENT LLC

**Current Principal Place of Business:**

900 S.E. 3RD AVENUE  
THIRD FLOOR  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

900 S.E. 3RD AVENUE  
THIRD FLOOR  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 26-3121501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DERY, KEITH  
2630 N.E. 10TH AVENUE  
POMPANO BEACH, FL 33064 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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BOUVIER, GARY  
**Address:** 1505 S.E. 2ND STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**Title:** MGR  
**Name:** DERY, KEITH  
**Address:** 2630 N.E. 10TH AVENUE  
**City-St-Zip:** POMPANO BEACH, FL 33064

**Title:** MGR  
**Name:** SEZAVAR, IRAJ  
**Address:** 110 N FEDERAL HWY - # 805  
**City-St-Zip:** FT LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** KEITH DERY

MR

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date