

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L94170

FILED  
Mar 03, 2011  
Secretary of State

**Entity Name:** SUNRISE MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

5211 N.E. 2ND AVENUE  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

5211 N.E. 2ND AVENUE  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 65-0217528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENOIT, JOACHIM J M.D.  
5211 N.E. 2ND AVENUE  
MIAMI, FL 33137 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: JOACHIM BENOIT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: BENOIT, JOACHIM JOSEPH  
Address: 5211 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137 US

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: JOACHIM BENOIT

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

MD

03/03/2011

\_\_\_\_\_  
Date