
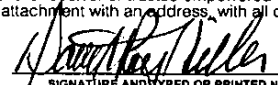


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90048 009 \*\*\*\*70.00

<b>DOCUMENT # N02465</b> 1. Entity Name <b>SUNNYSIDE HEALTH SERVICES, INC.</b>					
Principal Place of Business <b>5201 BAHIA VISTA SARASOTA, FL 34232</b>			Mailing Address <b>5201 BAHIA VISTA SARASOTA, FL 34232</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>MILLER, DAVID RAY 5201 BAHIA VISTA ST. SARASOTA, FL 34232</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLABACH, NAOMI 5885 IBIS ST. SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cavanaugh, Stephen 37 S. Berleva Road Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YODER, PAUL 5609 BAHIA VISTA ST. SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V Lee, H. Greg 2014 Fourth St. Sarasota, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAST, ALLEN 1001 N. WASHINGTON BLVD. SARASOTA, FL 34237	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Penlinger, Glen 4041 Bahia Vista St. Sarasota, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, WADE 1513 PALMETTO LN SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harris, Wade 975 Whitaker St. Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAAC, HERTHA 7391 ELEANOR CIRCLE SARASOTA, FL 34243	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D Kornhaus, Cheryl 560 Commonwealth Place Sarasota, FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOLL, DALE 1841 SANDALWOOD RD SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D Stoll, Dale 1841 Sandalwood Ave. Sarasota, FL 34231
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 617, 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.					
<b>SIGNATURE:</b>  <b>David Ray Miller</b>				<b>4-5-07 941-371-2750</b> <small>Date Daytime Phone #</small>	