2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# N02465

Entity Name: SUNNYSIDE HEALTH SERVICES, INC.

Current Principal Place of Business:

5201 BAHIA VISTA
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5201 BAHIA VISTA
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-2562599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

YODER, J. DAVID
5201 BAHIA VISTA ST.
SARASOTA, FL 34232 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

OFFICERS AND DIRECTORS:

Title: D
Name: SCHLABACH, NAOMI
Address: 5885 IBIS ST.
City-St-Zip: SARASOTA, FL 34241

Title: D,CH
Name: LEE, GREG H
Address: 2014 FOURTH ST
City-St-Zip: SARASOTA, FL 34237

Title: DVCH
Name: KORNHAUS, CHERYL
Address: 560 COMMONWEALTH PLACE
City-St-Zip: SARASOTA, FL 34242

Title: D
Name: HARRIS, WADE
Address: 975 WHITAKER ST.
City-St-Zip: SARASOTA, FL 34236

Title: D, S
Name: KORNHAUS, HERTHA
Address: 5272 TURTLE CREEK LANE
City-St-Zip: SARASOTA, FL 342323037

Title: D, T
Name: STOLL, DALE D
Address: 1841 SANDALWOOD DRIVE
City-St-Zip: SARASOTA, FL 34231

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J. DAVID YODER CEO 03/29/2011

Electronic Signature of Signing Officer or Director — Date