

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000009939

**FILED**  
**Apr 06, 2012**  
**Secretary of State**

**Entity Name:** SUNRISE COUNSELING AND REHABILITATION SERVICES INC.

**Current Principal Place of Business:**

11216 219TH STREET  
QUEENS VILLAGE, NY 11429 US

**New Principal Place of Business:**

**Current Mailing Address:**

11216 219TH STREET  
QUEENS VILLAGE, NY 11429 US

**New Mailing Address:**

**FEI Number:** 27-1153042      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GITTENS, KEVIN  
3362 NW 33RD AVENUE  
LAUDERDALE LAKES, FL 33309 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: GITTENS, KENNETH  
Address: 12216 219TH STREET  
City-St-Zip: QUEENS VILLAGE, NY 11429 US

Title: D  
Name: GITTENS, BRIEN  
Address: 12216 219TH STREET  
City-St-Zip: QUEENS VILLAGE, NY 11429 US

Title: D  
Name: DEMPSEY, RON  
Address: 12216 219TH STREET  
City-St-Zip: QUEENS VILLAGE, NY 11429 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIEN GITTENS

D

04/06/2012

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

\_\_\_\_\_  
Date