

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90053 019 \*\*\*163.75

<b>DOCUMENT #</b> P01000075664
<b>1. Entity Name</b> SUNRISE PRIMARY CARE INC

<b>Principal Place of Business</b> 673 THIRD AVE. S.R. 309 WELAKA FL 32193	<b>Mailing Address</b> P.O. BOX 249 PALATKA FL 32178
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country
Zip	Country

<b>4. FEI Number</b> 59-3736354	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b> GAW, ALBINO 114 TIMBERLANE PALATKA FL 32177	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b>	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> RIVERA, MARIA-JOSEFINA S M.D. 114 TIMBERLANE PALATKA FL 32177 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> GAW, ALBINO 114 TIMBERLANE PALATKA FL 32177 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.</b>
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<b>SIGNATURE:</b> MARIA-JOSEFINA S. RIVERA, M.D. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/8/02 (386) 325-8002 Date Daytime Phone #
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CR2E034 (9/01)