

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075664

FILED
Jan 06, 2004
Secretary of State

Entity Name: SUNRISE PRIMARY CARE INC

Current Principal Place of Business:

101 EUCALYPTUS AVE.
CRESCENT CITY, FL 32112

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 249
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-3736354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAW, ALBINO
114 TIMBERLANE
PALATKA, FL 32177

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERA, MARIA-JOSEFINA S M.D.
Address: 114 TIMBERLANE
City-St-Zip: PALATKA, FL 32177

Title: V () Delete
Name: GAW, ALBINO
Address: 114 TIMBERLANE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GAW ALBINO

V

01/06/2004

Electronic Signature of Signing Officer or Director

Date