2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# P03000012526

Entity Name: SUNRISE EYE CARE INC.

Current Principal Place of Business:

12555 W. SUNRISE BLVD.
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

12555 W SUNRISE BLVD
SUNRISE, FL 33323

New Mailing Address:

12555 W. SUNRISE BLVD.
SUNRISE, FL 33323

FEI Number: 47-0909355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAIMAN, PHILIP K OD
10020 MANDARIN STREET
PARKLAND, FL 33076 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: HAIMAN, PHILIP
Address: 10020 MANDARIN STREET
City-St-Zip: PARKLAND, FL 33076

Title: T ( ) Delete
Name: RIGANOTTI, DOMINIC
Address: 10020 MANDARIN STREET
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAIMAN, PHILIP
Address: 10020 MANDARIN STREET
City-St-Zip: PARKLAND, FL 33076

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHILLIP HAIMAN PD 05/21/2009

Electronic Signature of Signing Officer or Director Date