


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000097419

1. Entity Name
SUNRISE MENTAL HEALTH, INC.



FILED
05 APR -8 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10202004 REIN-P CR2E098 (6/04)

Principal Place of Business Mailing Address
205 BROOKS ST. SE **205 BROOKS ST. SE**
SUITE C **SUITE C**
FT. WALTON BEACH, FL 32548 **FT. WALTON BEACH, FL 32548**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
200198979

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MERCER, GWENDOLYN M
119 LAKE LORRAINE CIRCLE
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete MERCER, GWENDOLYN M	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, GWENDOLYN M	NAME	
STREET ADDRESS	119 LAKE LORRAINE CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR, FL 32579	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	900051136769
CITY - ST - ZIP		CITY - ST - ZIP	04/19/05--01005--001 **150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	900051136769
CITY - ST - ZIP		CITY - ST - ZIP	04/19/05--01005--002 **150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwendolyn M. Mercer MD* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05