## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000097119

Entity Name: SUNRISE MENTAL HEALTH, INC.

FILED Oct 10, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

205 BROOKS ST. SE SUITE C

FT. WALTON BEACH, FL 32548

**New Mailing Address: Current Mailing Address:** 

205 BROOKS ST. SE SUITE C

FT. WALTON BEACH, FL 32548

FEI Number: 20-0198979 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

MERCER, GWENDOLYN M 119 LAKE LORRAINE CIRCLE

615 MERIONETH DRIVE SHALIMAR, FL 32579 FORT WALTON BEACH, FL 32547 US

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.

MERCER, GWENDOLYN M

SIGNATURE: GWENDOLYN M MERCER 10/10/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MERCER, GWENDOLYN M MERCER, GWENDOLYN M Name: Name: 119 LAKE LORRAINE CIRCLE Address: 615 MERIONETH DRIVE Address: City-St-Zip: SHALIMAR, FL 32579 City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: GWENDOLYN M MERCER MD 10/10/2006 DR