

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047436

FILED
May 06, 2005
Secretary of State

Entity Name: SUNRISE MEDICAL MANAGEMENT GROUP, INC

Current Principal Place of Business:

318 INDIAN TRACE
SUITE 636
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

318 INDIAN TRACE
SUITE 636
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-0865029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLOUGH, PAUL V
1860 N PINE ISLAND ROAD
SUITE 103
PLANTATION, FL 333225234 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: PD () Delete
Name: WESTERBURGER, DERWIN
Address: 318 INDIAN TRACE STE 636
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DERWIN WESTERBURGER

PD

05/06/2005

Electronic Signature of Signing Officer or Director

Date