

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047436

FILED  
Apr 30, 2009  
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:

WESTERBURGER, DERWIN  
318 INDIAN TRACE  
SUITE 636  
WESTON, FL 33326 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.

SIGNATURE: DERWIN WESTERBURGER

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WESTERBURGER, DERWIN  
Address: 318 INDIAN TRACE STE 636  
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete  
Name: FUNDORA, WILFREDO  
Address: 16140 SW 6 STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VPD ( ) Delete  
Name: WESTERBURGER, ZABDY  
Address: 318 INDIAN TRACE SUITE 636  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DERWIN WESTERBURGER

DP

04/30/2009

Electronic Signature of Signing Officer or Director

Date