

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049400

FILED
Apr 27, 2005
Secretary of State

Entity Name: SUNRISE MEDICAL SERVICES CENTER, INC.

Current Principal Place of Business:

8810 W FLAGLER ST #4
MIAMI, FL 33174

New Principal Place of Business:

8300 WEST FLAGLER ST.
210
MIAMI, FL 33144

Current Mailing Address:

8810 W FLAGLER ST #4
MIAMI, FL 33174

New Mailing Address:

POBOX 440768
MIAMI, FL 33144

FEI Number: 57-1201684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, JUAN C
8810 W FLAGLER ST #4
MIAMI, FL 33174 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MORENO, JUAN C
Address: 8810 W FLAGLER ST #4
City-St-Zip: MIAMI, FL 33174

Title: SD () Delete
Name: ABASCAL, MERCEDES
Address: 8810 W FLAGLER ST #4
City-St-Zip: MIAMI, FL 33174

Title: VD () Delete
Name: GONZALEZ, ALFONSO
Address: 8810 W FLAGLER ST #4
City-St-Zip: MIAMI, FL 33174

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 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: JUAN CARLOS MORENO

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04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date