2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2011
Secretary of State

DOCUMENT# P07000108256

Entity Name: SUNRISE MEDICAID RECOVERY SERVICES, INC.

Current Principal Place of Business:

8227 GOLF CLUB COURT
BAYONET POINT, FL 34667

New Principal Place of Business:

Current Mailing Address:

8227 GOLF CLUB COURT
BAYONET POINT, FL 34667

New Mailing Address:

FEI Number: 74-3234355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSAS, GREGORY
8227 GOLF CLUB COURT
BAYONET POINT, FL 34667 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

OFFICERS AND DIRECTORS:

Title: PVPS
Name: ROSAS, GREGORY
Address: 8227 GOLF CLUB COURT
City-St-Zip: BAYONET POINT, FL 34667

Title: T
Name: ROSAS, GREGORY
Address: 8227 GOLF CLUB COURT
City-St-Zip: BAYONET POINT, FL 34667

I hereby 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 all other like empowered.

SIGNATURE: GREGORY ROSAS MR. 02/26/2011

Electronic Signature of Signing Officer or Director Date