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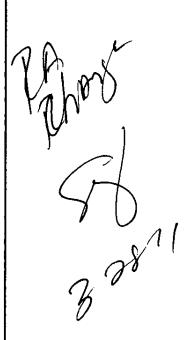
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## **COVER LETTER**

Division of Corporations
SUBJECT: Suncise Health Plans, Inc.  Name of Corporation
DOCUMENT NUMBER: PC900C07813
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robyn Kraster Name of Contact Person
Sunrise Health Plans, Inc.
6600 NW 16th St, Ste5
Plantation, FL 33313 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  RODY KNOSTER  Name of Contact Person  at (954) (944-510)  Area Code & Daytime Telephone Number
Name of Contact reison Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Sunrise Health Plans, Inc.
2. The principal office address: 10600 NW 16th St, Ste5, Plantation, FL 333/3
3. The mailing address (if different):
4. Date of incorporation/qualification: 10409 Document number: P0960007813
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Larry Legel
1425 NE 57th Place
Ft. Lauderdale, FL 33334 ES &
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
P.O. Box NOT acceptable  Plantation, FL 33313
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Joseph Safina Presiden
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
3/2///
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*