

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007813

FILED
Mar 21, 2012
Secretary of State

Entity Name: SUNRISE HEALTH PLANS, INC.

Current Principal Place of Business:

6600 NW 16TH ST
SUITE #5
PLANTATION, FL 33313 US

New Principal Place of Business:

6600 NW 16TH STREET
STE 5
PLANTATION, FL 33313 US

Current Mailing Address:

6600 NW 16TH ST
SUITE #5
PLANTATION, FL 33313 US

New Mailing Address:

6600 NW 16TH STREET
STE 5
PLANTATION, FL 33313 US

FEI Number: 26-4123872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAFINA, JOSEPH
6600 NW 16TH ST
SUITE #5
PLANTATION, FL 33313 US

Name and Address of New Registered Agent:

SAFINA, JOSEPH
6600 NW 16TH STREET
STE 5
PLANTATION, FL 33313 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: JOSEPH SAFINA

03/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P, D
Name: SAFINA, JOSEPH
Address: 6600 NW 16TH STREET STE 5
City-St-Zip: PLANTATION, FL 33313 US

Title: S
Name: KNASTER, ROBYN
Address: 6600 NW 16TH STREET STE 5
City-St-Zip: PLANTATION, FL 33313 US

Title: VPD
Name: SAAVEDRA, JORGE
Address: 6600 NW 16TH STREET STE 5
City-St-Zip: PLANTATION, FL 33313 US

Title: D
Name: KNASTER, HOWARD
Address: 6600 NW 16TH STREET STE 5
City-St-Zip: PLANTATION, FL 33313 US

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: JOSEPH SAFINA

P, D

03/21/2012

Electronic Signature of Signing Officer or Director

Date