

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000059192

**Entity Name:** SUNNACO HEALTH CENTER, INC.

**FILED**  
**Nov 23, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

750 EAST SAMPLE ROAD #6  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

750 EAST SAMPLE ROAD #6  
POMPANO BEACH, FL 33064

**New Mailing Address:**

750 EAST SAMPLE ROAD BLDG 10 #6  
POMPANO BEACH, FL 33064

**FEI Number:** 80-0743835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STROUSE, ADAM  
750 EAST SAMPLE ROAD #6  
POMPANO BEACH, FL 33064 US

**Name and Address of New Registered Agent:**

STROUSE, ADAM  
750 EAST SAMPLE ROAD BLDG 10 #6  
POMPANO BEACH, FL 33064 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: ADAM STROUSE

11/23/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STROUSE, ADAM L  
Address: 750 EAST SAMPLE ROAD BLDG 10 #6  
City-St-Zip: POMPANO BEACH, FL 33064

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: ADAM STROUSE

D

11/23/2013

Electronic Signature of Signing Officer or Director

Date