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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:55

DOCUMENT # **P93000035159 (1)**

1. Corporation Name

SUNRISE PHYSICIANS MANAGEMENT SERVICE, INC.

Principal Place of Business	Mailing Address
~~8396 WEST OAKLAND PARK BLVD. SUNRISE FL 33351~~	8396 WEST OAKLAND PARK BLVD. SUNRISE FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1993	3a. Date of Last Report: 04/05/1994
4. FEI Number: 65-0411000	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 300 SE 15th STREET	26
Suite, Apt. #, etc. 22 -	Suite, Apt. #, etc. 27
City & State 23 Ft. LAUDERDALE, FLA.	City & State 28
Zip 24 33316 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

GASMAN, KEITH A ESQUIRE
2929 E. COMMERCIAL BLVD.
SUITE 702
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City | FL | 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	GUPTA, MEENU	12 NAME	
STREET ADDRESS	8396 W. OAKLAND PARK BLVD.	13 STREET ADDRESS	
CITY ST ZIP	SUNRISE FL 33351	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Meenu Gupta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X _____ Date X _____ Telephone Number

0230531 CP