

3RD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000061394 (9)**

1. Corporation Name

**SUNRISE COMMUNITY HEALTH CENTER, INC.**

Principal Place of Business

**7385 SOUTHWEST 87 AVENUE, SUITE 400  
MIAMI FL 33173**

Mailing Address

**7385 SOUTHWEST 87 AVENUE, SUITE 400  
MIAMI FL 33173**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BROOKMYER, GARY  
3300 PGA BOULEVARD  
#350  
PALM BEACH GARDENS FL 33410**

81

Name

82

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

83

**CITY NATIONAL BANK BLDG #401**

84

City

**2701 S.W. LeJUNE Rd  
CORAL GABLES**

FL

85 Zip Code

**33134**

11. Pursuant to the provisions of Sections 607.03(2) and 607.15(6), 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 607.01(5), Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filer, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD  
REBSTOCK, JOHN W**  
STREET ADDRESS **7385 SOUTHWEST 87 AVENUE, SUITE 400**  
CITY - ST - ZIP **MIAMI FL 33173**

TITLE ☐ DELETE

NAME **TD  
SENRA, MAGGIE**  
STREET ADDRESS **7385 SOUTHWEST 87 AVENUE, SUITE 400**  
CITY - ST - ZIP **MIAMI FL 33173**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

305-598-2345

CR2E034 (4/97)