

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000061394

1. Entity Name
SUNRISE COMMUNITY HEALTH CENTER, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90404 026 ***150.00

C0068675

Principal Place of Business
1172 S. Dixie Hwy
P.M.B. 101
CORAL GABLES FL.
33146

Mailing Address
1172 S. Dixie Hwy
P.M.B. 101
CORAL GABLES FL.
33146

2. Principal Place of Business
Above

3. Mailing Address
Above

DO NOT WRITE IN THIS SPACE

City & State
Zip

4. FEI Number
650599608

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Philip E. Goss, Jr., Esq.
~~7845 SW 53rd Place~~
~~MIAMI FL 33143~~
1172 S. Dixie Hwy
P.M.B. 101
CORAL GABLES FL.
33146

Name: Philip E. Goss Jr., Esq.
Street Address (P.O. Box Number is Not Acceptable)
7845 SW 53rd Place
City: MIAMI FL Zip Code: 33146

8. 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/30/01
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PSP John W. Rebstock
TITLE NAME
1172 S. Dixie Hwy P.M.B. 101
STREET ADDRESS
CORAL GABLES FL. 33146
CITY-ST-ZIP

T.D. Maggie Senra
TITLE NAME
1172 S. Dixie Hwy P.M.B. 101
STREET ADDRESS
CORAL GABLES FL. 33146
CITY-ST-ZIP

TITLE NAME
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13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-663-1181
Date Daytime Phone #

CR2E034 (11/00)