

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085693

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4800 NOB HILL ROAD  
SUNRISE, FL 33351

**New Principal Place of Business:**

4800 NOB HILL ROAD  
SUNRISE, FL 33351 UN

**Current Mailing Address:**

4800 NOB HILL ROAD  
SUNRISE, FL 33351

**New Mailing Address:**

4800 NOB HILL ROAD  
SUNRISE, FL 33351 UN

**FEI Number:** 65-0916727

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOONE, JAMES B  
SUITE 1500  
101 NE THIRD AVENUE  
FT. LAUDERDALE, FL 33301 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WOLFE, RICHARD W  
**Address:** 4800 NOB HILL ROAD  
**City-St-Zip:** SUNRISE, FL 33351 UN

**Title:** S  
**Name:** WOMACK, MELINDA M  
**Address:** 4800 NOB HILL ROAD  
**City-St-Zip:** SUNRISE, FL 33351 UN

**Title:** CFO  
**Name:** LEMCKE, DAVID K  
**Address:** 4800 NOB HILL ROAD  
**City-St-Zip:** FORT LAUDERDALE, FL 33351 UN

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:** MELINDA M. WOMACK

SEC

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date