

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000085693

FILED
Jan 26, 2012
Secretary of State

Entity Name: SUNRISE HEALTH CENTER, INC.

Current Principal Place of Business:

4800 NOB HILL ROAD
SUNRISE, FL 33351 UN

New Principal Place of Business:

Current Mailing Address:

4800 NOB HILL ROAD
SUNRISE, FL 33351 UN

New Mailing Address:

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:

BOONE, JAMES B
849 HERITAGE DRIVE
FT. LAUDERDALE, FL 33326 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:

01/26/2012

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

Title: CFO
Name: WOLFE, RICHARD W
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: RICHARD W. WOLFE

PRES

01/26/2012

Electronic Signature of Signing Officer or Director

Date