

P96000085693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

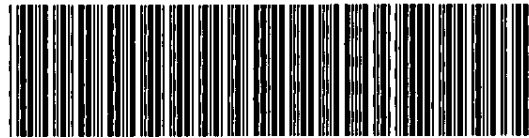
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 05 2012
T. ROBERTS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2012

DORIS PETERSON
SUNRISE HEALTH CENTER, INC.
4800 NOB HILL RD
SUNRISE, FL 33351

SUBJECT: SUNRISE HEALTH CENTER, INC.
Ref. Number: P96000085693

We have received your document for SUNRISE HEALTH CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

New registered must sign below accepting appointment

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 212A00002662

RECEIVED
12 MAR -5 AM 10:34
DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Surprise Health Center Inc
Name of Corporation

DOCUMENT NUMBER: P96000085693

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DORIS Peterson
Name of Contact Person

Surprise Health Center Inc
Firm/Company

4800 Nob Hill Rd
Address

Surprise FL 33351
City/State and Zip Code

dlemcke@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DORIS Peterson at (954) 577-3530
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sunrise Health Center, Inc.
2. The principal office address: 4800 Nob Hill Rd
Sunrise FL 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/15/1996 Document number: P96000085693
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James B Boone, Esq
849 Heritage Dr
FT Lauderdale FL 33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
1200 South Pine Island Rd
Plantation FL 33324

P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Doris M Peterson
Signature of an officer or director

DORIS M Peterson
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Madonna Cuddihy
Signature of Registered Agent

3/2/2012
Date

If signing on behalf of an entity:

Madonna Cuddihy
Typed or Printed Name
Special Assistant Secretary