

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019269

FILED
Apr 01, 2008
Secretary of State

Entity Name: SUNRISE BEHAVIORAL HEALTHCARE CORPORATION

Current Principal Place of Business:

8052 N 56TH STREET
TAMPA, FL 33617

New Principal Place of Business:

6604 HARNEY ROAD
SUITE I
TAMPA, FL 33610 US

Current Mailing Address:

8052 N 56TH STREET
TAMPA, FL 33617

New Mailing Address:

6604 HARNEY ROAD
SUITE I
TAMPA, FL 33610 US

FEI Number: 59-3430635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYNES, JEFFREY
18129 EMERALD BAY STREET
TAMPA, FL 33647 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: HAYNES, JEFFREY
Address: 18129 EMERALD BAY STREET
City-St-Zip: TAMPA, FL 33647

Title: DIR. () Delete
Name: ELLIOTT-HAYNES, MAXINE
Address: 18129 EMERALD BAY STREET
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFERY HAYNES, PH.D.

CEO

04/01/2008

Electronic Signature of Signing Officer or Director

Date