

Date Due: 05/01/93 Amount Due: \$200.00 If After Due Date: \$225.00

CORPORATION *
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



1. Name and Mailing Address of Corporation: DOCUMENT #P98000024935

SUNRISE REGIONAL, INC.
2801 Ponce de Leon Boulevard
Suite #600
Coral Gables, FL 33134

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00		ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	
2. Mailing Address		2a. Principle Place of Business	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 03/17/98		3a. Date of Last Report n/a	
4. FEI Number 65-0820269		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 A fee for the certificate	
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		\$138.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

Howard B. Emory, Esquire
9100 South Dadeland Boulevard
One Datan Center, Suite 910
Miami, FL 33156

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code
86	Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE 10-12-99

12. OFFICERS AND DIRECTORS

1.1 TITLE	PD
1.2 NAME	Michael C. Piercey, M.D.
1.3 ADDRESS	2801 Ponce de Leon Blvd. #600
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	VP/S/T/D
2.2 NAME	Manuel R. Llano
2.3 ADDRESS	2801 Ponce de Leon Blvd. #600
2.4 CITY-ST-ZIP	Coral Gables, FL 33134
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE	
1.2 NAME	
1.3 ADDRESS	400003018784--9
1.4 CITY-ST-ZIP	-10/19/99--01081--002
2.1 TITLE	****750.00 ****750.00
2.2 NAME	
2.3 ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT

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14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE _____ DATE 10-12-99

Print/Type Name of Signing Officer or Director Manuel Llano	Title(s) V.P. Treasurer, Sec	Daytime Telephone Number (954) 955-0474
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