

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059522

Entity Name: SUNRISE MEDICAL RESEARCH, INC.

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

8251 W BROWARD BLVD  
SUITE 501  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

8251 W BROWARD BLVD  
SUITE 501  
PLANTATION, FL 33324

## New Mailing Address:

15145 ALEXANDER RUN  
JUPITER, FL 33478

FEI Number: 65-0931054

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LIEBESKIND, BLAKE  
8251 W BROWARD BLVD  
SUITE 501  
PLANTATION, FL 33324 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: PVTs ( ) Delete  
Name: LIEBESKIND, BLAKE  
Address: 8251 W. BROWARD BLVD, SUITE 501  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BLAKE LIEBESKIND

PVTs

04/21/2008

Electronic Signature of Signing Officer or Director

Date