

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059522

Entity Name: SUNRISE MEDICAL RESEARCH, INC.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

4620 N STATE RD 7  
BUILDING H, STE 101  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

15145 ALEXANDER RUN  
JUPITER, FL 33478

**New Mailing Address:**

4620 N STATE RD 7  
BUILDING H, STE 101  
LAUDERDALE LAKES, FL 33319

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:**

LIEBESKIND, BLAKE  
4620 N STATE ROAD 7  
BUILDING H, SUITE 101  
LAUDERDALE LAKES, FL 33319 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:

Electronic Signature of Registered Agent

03/24/2009

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: PVTS (X) Change ( ) Addition  
Name: LIEBESKIND, BLAKE  
Address: 4620 N STATE ROAD 7, BLDG H, SUITE 101  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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

MR

03/24/2009

Electronic Signature of Signing Officer or Director

Date