

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764643

Entity Name: SUNRISE OF PASCO COUNTY, INC.**Current Principal Place of Business:**12724 SMITH RD
DADE CITY, FL 33525**Current Mailing Address:**PO BOX 928
DADE CITY, FL 33526 US**FEI Number:** 59-2284119**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUTCHINSON, BROCK ATTY
2145 CYPRESS RIDGE BLVD
SUITE 202
WESLEY CHAPEL, FL 33544 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_____
Date**Officer/Director Detail :**

Title	P
Name	MCBATH, BRENDA
Address	36034 BOZEMAN RD.
City-State-Zip:	DADE CITY FL 33525

Title	T
Name	PERRITT, GERALD DR.
Address	13306 TRADITION DR.
City-State-Zip:	DADE CITY FL 33525

Title	VP
Name	SCHARBER, JARROD
Address	11509 WICKETTS WAY
City-State-Zip:	DADE CITY FL 33525

Title	S
Name	PAGE, GAIL
Address	12531 PHEASANT RUN
City-State-Zip:	WESLEY CHAPEL FL 33524

Title	CEO
Name	SINN, KELLY
Address	PO BOX 928
City-State-Zip:	DADE CITY FL 33526

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KELLY SINN

CEO

01/07/2014

Electronic Signature of Signing Officer/Director Detail_____
Date