

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068374

Entity Name: SUNRISE ADULT CARE INC.

Current Principal Place of Business:

4102 COOLEY COURT
LAKE WORTH, FL 33461

Current Mailing Address:

4102 COOLEY COURT
LAKE WORTH, FL 33461

FEI Number: 65-0471539

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANNAH, JAMES E
4102 COOLEY COURT
LAKE WORTH, FL 33461 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 DPTS
Name HANNAH, JAMES E
Address 4102 COOLEY CT
City-State-Zip: LAKE WORTH FL 33461

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

SIGNATURE: JAMES E. HANNAH

DPTS

04/26/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date