

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000010654

**Entity Name:** SUNRISE HEALTH, INC

**Current Principal Place of Business:**

712 EAST 3RD AVE.  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

712 EAST 3RD AVE.  
NEW SMYRNA BEACH, FL 32169

**FEI Number:** 30-1295516

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOMLINSON, ZACHARY DO  
712 EAST 3RD AVE.  
NEW SMYRNA BEACH, FL 32169 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            CEO  
Name            TOMLINSON, ZACHARY DO  
Address        712 EAST 3RD AVE.  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title            PRESIDENT  
Name            TOMLINSON, SUNNY DO  
Address        712 E 3RD AVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

*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:** ZACHARY TOMLINSON, DO

SUNRISE HEALTH INC

04/30/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date