

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214522977

1.) CORPORATION NAME:

Sunrise Medical Laboratories, Inc.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1925157**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000
PREFER	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 250 MILLER PLACE

CITY/ST/ZIP: HICKSVILLE, NY 11801

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ALAN M GREENBERG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9737 GREAT HILLS TRAIL STE 100		
CITY/ST/ZIP/CO:	AUSTIN, TX 78759		
NAME:	DAVID W BRYANT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	9737 GREAT HILLS TRAIL STE 100		
CITY/ST/ZIP/CO:	AUSTIN, TX 78759		
NAME:	SHARON ELLIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO & TREASURER		
ADDRESS:	9737 GREAT HILLS TRAIL STE 100		
CITY/ST/ZIP/CO:	AUSTIN, TX 78759		
NAME:	PAUL ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst. Secretary		
ADDRESS:	9737 GREAT HILLS TRAIL STE 100		
CITY/ST/ZIP/CO:	AUSTIN, TX 78759		
NAME:	SHERIDAN FOSTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9737 GREAT HILLS TRAIL STE 100		
CITY/ST/ZIP/CO:	AUSTIN, TX 78759		
NAME:	COLIN S GOLDSCHMIDTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9737 GREAT HILLS TRAIL STE 100		
CITY/ST/ZIP/CO:	AUSTIN, TX 78759		

NAME:	CHRISTOPHER WILKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9737 GREAT HILLS TRAIL STE 100		
CITY/ST/ZIP/CO:	AUSTIN, TX 78759		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SHERIDAN FOSTER	SHERIDAN FOSTER, SECRETARY	4/30/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.