

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700406

FILED
Jan 03, 2007
Secretary of State

Entity Name: SUNSHINE REHABILITATION CENTER OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

1705 17TH AVENUE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1705 17TH AVENUE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-0806983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEALS, CHRIS
385 34TH COURT, SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEALS, CHRIS
Address: 1576 31 AV
City-St-Zip: VERO BEACH, FL 32960

Title: SD () Delete
Name: WHITNEY, WINNIE
Address: 1605 1 ST
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: BRYANT, ANN
Address: 5402 ECHO PINES CR W
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: SADLEK, STEVE
Address: 862 CAROLINA CIR. SW
City-St-Zip: VERO BEACH, FL 32962

Title: D () Delete
Name: SHEERWOOD, ROGER
Address: 6472 34TH PL
City-St-Zip: VERO BEACH, FL 32966

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BRYANT, ANN
Address: 5402 ECHO PINES CR W
City-St-Zip: FORT PIERCE, FL 34951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: LIST, EDDIE
Address: 815 BEACHLAND BLVD
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS BEALS

PD

01/03/2007

Electronic Signature of Signing Officer or Director

Date