2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008
Secretary of State

DOCUMENT# 700406

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:

THOMPSON, LARRY
1531 32ND AVE
VERO BEACH, FL 32960 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: WHITNEY, WINIFRED
Address: 1605 1ST STREET
City-St-Zip: VERO BEACH, FL 32962

Title: SD ( ) Delete
Name: MURDOCK, GIB
Address: 375 21ST ST
City-St-Zip: VERO BEACH, FL 32962

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: WINIFRED WHITNEY PRES 03/24/2008

Electronic Signature of Signing Officer or Director — Date