

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700406

FILED
Mar 30, 2010
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:

WHITNEY, WINNIFRED
1605 1ST
STREET
VERO BEACH, FL 32962 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
Name: WHITNEY, WINIFRED
Address: 1605 1ST STREET
City-St-Zip: VERO BEACH, FL 32962

Title: D
Name: MURDOCK, GIB
Address: 375 21ST ST
City-St-Zip: VERO BEACH, FL 32962

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

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

Title: SD
Name: STEELMAN, DIANE
Address: 546 9TH PLACE
City-St-Zip: VERO BEACH, FL 32962

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

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

SIGNATURE: WINIFRED WHITNEY

PRES

03/30/2010

Electronic Signature of Signing Officer or Director

Date