2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 700406

FILED Aug 30, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1705 17TH AVENUE VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

1705 17TH AVENUE VERO BEACH, FL 32960

FEI Number: 59-0806983 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WHITNEY, WINNIFRED

1605 1ST

STREET

HOUSE, LYNNE G

1705 17TH AVENUE

VERO BEACH, FL 32960 US

VERO BEACH, FL 32962 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: LYNNE GATES HOUSE 08/30/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 ERIKSEN, JOE

 Address:
 1705 17TH AVENUE

 City-St-Zip:
 VERO BEACH, FL 32960

 Title:
 TREA

 Name:
 LIST, EDDIE

 Address:
 1705 17TH AVE

 City-St-Zip:
 VERO BEACH, FL 32960

Title: VPD

 Name:
 DZADONY, DIANE

 Address:
 1705 17TH AVE

 City-St-Zip:
 VERO BEACH, FL 32960

Title:

Name: SADLEK, STEVE Address: 1705 17TH AVE

City-St-Zip: VERO BEACH, FL 32960

Title: SD

 Name:
 STEELMAN, DIANE

 Address:
 1705 17TH AVE

 City-St-Zip:
 VERO BEACH, FL 32960

Title: D

Name: BRYANT, ANN Address: 1705 17TH AVE

City-St-Zip: VERO BEACH, FL 32960

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: LYNNE GATES HOUSE ADMI 08/30/2012