

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090536

FILED
Jun 25, 2009
Secretary of State

Entity Name: SUNSHINE MEDICAL REHABILITATION CENTER, LLC

Current Principal Place of Business:

3309 W WATERS AVE
SUITE B
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3309 W WATERS AVE
SUITE B
TAMPA, FL 33614

New Mailing Address:

FEI Number: 20-2003824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FALCON, ROBERTO JR.
3309 W WATERS AVE
SUITE B
TAMPA, FL 33614 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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FALCON, ROBERTO JR.
Address: 3309 W WATERS AVE, SUITE B
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: ANTONIO, MORALES
Address: 3309 W WATERS AVE, SUITE B
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERTO FALCON JR.

P

06/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date