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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
NOV 19 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Sunshine medical rehabilitation center llc
Name of Limited Liability Company**

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Regino Garcia
Name of Person

Firm/Company

9003 w Cluster ave
Address

Tampa, FL 33615
City/State and Zip Code

reggar69@yahoo.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Regino Garcia at (813) 391-4949
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

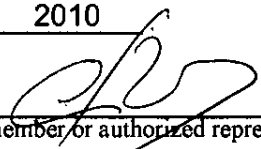
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Regino Garcia	3309 w Waters ave, Suite B Tampa FL 33614	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	Yosvany Moran	3309 w Waters ave, Suite B Tampa FL 33614	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated November 15, 2010



Signature of a member or authorized representative of a member

Regino Garcia

Typed or printed name of signee