

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000090536

**FILED
Nov 17, 2011
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 ()**

Name and Address of Current Registered Agent:

GARCIA, REGINO
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: REGINO GARCIA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: GARCIA, REGINO
Address: 3309 W WATERS AVE, SUITE B
City-St-Zip: TAMPA, FL 33614

I hereby 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: REGINO GARCIA

MRG

11/17/2011

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