

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090536

**FILED**  
**Mar 14, 2012**  
**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:**

REYES, ALINA R  
3309 W WATERS AVE  
SUITE B  
TAMPA, FL 33614 US

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

REYES, ANA R  
3309 W WATERS AVE  
SUITE B  
TAMPA, FL 33614 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: ANA REYES

03/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: REYES, ALINA R  
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: ALINA REYES

PRES

03/14/2012

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