FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91521 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031104

1. Entity Name
SUNNY MEDICAL REHABILITATION MANAGEMENT INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11570 S. ORANGE BLOSSOM TRAIL	11570 S. ORANGE BLOSSOM TRAIL
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32837 Country:	Zip: 32837 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 061613193 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RIVERA, BERTHA
Street Address (P.O. Box Number is Not Acceptable): 7960 HERITAGE ENTRANCE BOULEVARD
City: KISSIMMEE FL Zip Code: 34747

8. 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 ______________________________ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RIVERA, BERTHA 7960 HERITAGE ENTRANCE BLVD KISSIMMEE, FL 34747	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Bertha Rivera — Principal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE | Daytime Phone #