

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031104

FILED  
May 22, 2004  
Secretary of State

**Entity Name:** SUNNY MEDICAL REHABILITATION MANAGEMENT, INC.

**Current Principal Place of Business:**

11570 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

11570 S. ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 06-1613193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RIVERA, BERTHA  
7960 HERITAGE ENTRANCE BOULEVARD  
KISSIMMEE, FL 34747 US

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

RIVERA, BERTHA  
13560 TURTLE MARSH LOOP,  
UNIT # 319  
ORLANDO, FL 32837 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:

05/22/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RIVERA, BERTHA  
Address: 7960 HERITAGE ENTRANCE BLVD  
City-St-Zip: KISSIMMEE, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: RIVERA, BERTHA  
Address: 13560 TURTLE MARSH LOOP, UNIT #319  
City-St-Zip: ORLANDO, FL 32837 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERTHA RIVERA

DIR

05/22/2004

Electronic Signature of Signing Officer or Director

Date