

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101026

FILED
May 01, 2009
Secretary of State

Entity Name: SUNSHINE REHABILITATION, INC.

Current Principal Place of Business:

6710 WINKLER ROAD
UNIT#4
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

6710 WINKLER ROAD
UNIT#4
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-1151258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDAR, PERIASWAMY S
899 JENNIFER LANE
FORTMYERS, FL 33919 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: _____

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: PD () Delete
Name: MADAPUSI, USHA S
Address: 899 JENNIFER LANE
City-St-Zip: FT. MYERS, FL 33919

Title: STD () Delete
Name: PERIASWAMY, CHANDAR S
Address: 899 JENNIFER LANE
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PERIASWAMY CHANDAR

VP

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date