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	⁵ PLEAS	E READ A	LL INSTI	RUCTION	S BEFORE	СОМРІ	ETING	TH	FORM	Л.		
	PORATION STATEMENT		S	DEPARTME ecretary of S		. 0	04 SEC	MAR RETA AHA:	-3 PM RY UH S SSEE, FI	STATE		
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Sunhealth Medical & Rehabilitation Center, Inc.								DOZ	2973 1004(2973 1004(98(•
2. Principal 2625 Suite, Apt. #	Office Address EXEC. Pr	k. Dr.	3. Mailing Of	ox 26	7591			ooa	29 7 3 10040	980	**150.0 D O **150.0	
).	vite 3B.						4. Date Incorporated or Qualified To Do Business in Florida					
Weston, Florida			Weston Florida				5. FEI Number Applied For Not Applied For Not Applied For					
333	31 Country	SA	^{zip} 333	31	"USA	6. CERT	TIFICATE OF S	STATUS D	ESIRED 🗌		litional Fee re rtificate of S	
			7. N	ame and Addres	s of Current Regis	ered Agent			-			
	Name Complant Standar											
,	Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Ab 45 Executive Park Drive											
	Suite, Apt. #, Etc. Suite 115											
	city Wes	ton.	FL					tate	zip Sode 333	331		
8. I being	appointed the registered	agent of the aboy	re named corpo	ration, am familia	r with and accept the	obligations	of section 60	07.0505	or 617.0503,	F.Ş.		11/04
Signature of Registered		Z 60	OSTERED AG	ENT MUST SIGN			_	Date	2/	76/	04	CR2E081 (01/04
.		177	<i>'</i>									
9. Names	and Street Addresses of		/or Director (Fig	nda nonprofit cor			ctors)	-				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
PD	Zoldan, Michael			2625 Exec. Prk Dr.			-	We	ston,	FL	333	31
VΡ	Landro	n M.D.	Isma	1 26	25 Exec	Prt I	٦	Wes	ston.	FL	333	3
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10. I certify this rei	y that I am an officer or d instatement application, t by the corporation have b	irector or the receive the reason for diss een paid and the	iver or trustee e clution has bee hames of Individ	mpowered to exe o eliminated the o	cute this application a corporate name satists form do not qualify	as provided files the requi	for in chapter irements of s otion under s	r 607 or 6 section 6	17, F.S. I fur 07,0401 or 61 9,07(3)(i), F.S	ther certify 17.0401, F S. The info	that when files. S., that all fe	ling ees cated

Muchael Zoldan 12 28 103 954-349-1777
SIGNING OFFICER OR DIRECTOR
Date Dayline Phone #

SIGNATURE AND TYPED OF PRINTED NAME

SIGNATURE:

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Sunhealth Medical & Rehabilitation Center, Inc.

PO Box 266654 Weston, FL 33326 954-349-1777

December 21, 2003

Florida Department of State PO Box 6327 Tallahassee, FL 32314

Re: Sunhealth Medical & Rehabilitation Center, Inc.

Application for reinstatement

Document Number: P01000112392

FEI Number: 65-1154813

This letter is in reference to the above described company. The company had recently received a Certificate of Administrative Dissolution from the Florida Department of State For failure to file the 2003 Corporation Annual Report / Uniform Business Report.

We respectfully request that you waive the \$600 penalty assessed, as the company did not receive the Report.

Enclosed with this letter is a signed Application for Reinstatement along with three checks of \$150 each for the UBR fees of 2002, 2003, and 2004.

Thank you for your cooperation on this matter.

President

Very tru