

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000112392

FILED  
Mar 01, 2006  
Secretary of State

Entity Name: SUNHEALTH MEDICAL & REHABILITATION CENTER, INC.

## Current Principal Place of Business:

2625 EXECUTIVE PARK DRIVE  
SUITE 3-B  
WESTON, FL 33331

## New Principal Place of Business:

2800 GLADES CIRCLE  
#155  
WESTON, FL 33327

## Current Mailing Address:

P.O. BOX 267591  
WESTON, FL 33331

## New Mailing Address:

PO BOX 266654  
WESTON, FL 33326

FEI Number: 65-1154813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZOLDAN, MICHAEL  
2645 EXECUTIVE PARK DRIVE  
SUITE 115  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

ZOLDAN, MICHAEL  
2800 GLADES CIRCLE  
SUITE 155  
WESTON, FL 33327 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: MICHAEL ZOLDAN

03/01/2006

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: P ( ) Delete  
Name: ZOLDAN, MICHAEL  
Address: 2645 EXECUTIVE PARK DRIVE, STE. 117  
City-St-Zip: WESTON, FL 33331

Title: VP ( ) Delete  
Name: LANDRON, ISMAEL M.D.  
Address: 2645 EXECUTIVE PARK DRIVE, STE. 117  
City-St-Zip: WESTON, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ZOLDAN, MICHAEL  
Address: 2800 GLADES CIRCLE #155  
City-St-Zip: WESTON, FL 33327

Title: VP (X) Change ( ) Addition  
Name: LANDRON, ISMAEL M.D.  
Address: 2800 GLADES CIRCLE #155  
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL ZOLDAN

P

03/01/2006

Electronic Signature of Signing Officer or Director

Date