FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027483

1. Entity Name
SUNSET REHABILITATION CENTER CORP.

Principal Place of Business	Mailing Address
9220 SW 72 AVE STE 200 MIAMI, FL 33173	9220 SW 72 AVE STE 200 MIAMI, FL 33173

11034109

2. Principal Place of Business	3. Mailing Address
	10300 SW. 72 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 220
City & State	City & State South Miami
Zip / Country	Zip Fl / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 61-1408048 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ZALDIVAR, JEANNIE~~
~~3829 SW 99 AVE #4~~
~~MIAMI, FL 33165~~

7. Name and Address of New Registered Agent

Name: Sefora M. Cruz
Street Address (P.O. Box Number is Not Acceptable): 14740 Glencairn Rd.
City: Miami Lakes FL Zip Code 33010

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CRUZ, SEFORA M 14740 CLENCAIRN RD MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/28/03 305 5960434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #