2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# P04000076367

Entity Name: SUNSHINE HEALTH CARE & REHAB CENTER, INC.

Current Principal Place of Business:

7109 W. FLAGLER ST.
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

7109 W. FLAGLER ST.
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-1114851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL NODAL, YENNI Y
7109 W. FLAGLER STREET
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

DIEPPA, JAMEZ J
7109 W. FLAGLER STREET
MIAMI, FL 33144 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: JAMEZ JOESSELL DIEPPA 04/26/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: DEL NODAL, YENNI Y
Address: 7109 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSVT (X) Change ( ) Addition
Name: DIEPPA, JAMEZ J
Address: 7109 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

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: JAMEZ JOESSELL DIEPPA PSVT 04/26/2006
Electronic Signature of Signing Officer or Director Date