# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# P05000080592

**Entity Name:** SUNSHINE REHAB CENTER, INC.

**Current Principal Place of Business:**

1840 WEST 49 ST, STE 603-03
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

1840 WEST 49 ST, STE 603-03
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number: 20-2954284** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIVARES, YERMAYN A
8260 WEST FLAGLER ST SUITE 2I
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

OLIVARES, YERMAYN A
1840 W 49 ST
603-03
HIALEAH, FL 33012 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: YERMAYN A. OLIVARES 04/29/2009
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: OLIVARES, YERMAYN A
Address: 8260 WEST FLAGLER ST SUITE 2I
City-St-Zip: MIAMI, FL 33144

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: OLIVARES, YERMAYN A
Address: 1840 W 49 ST SUITE 603-03
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Change (X) Addition
Name: PRADO, ADRIANA
Address: 1840 W 49 ST SUITE 603-03
City-St-Zip: HIALEAH, FL 33012

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: YERMAYN OLIVARES PD 04/29/2009
Electronic Signature of Signing Officer or Director Date