

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080592

FILED
Apr 20, 2011
Secretary of State

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:

1236 PEREGRINE WAY
WESTON, FL 33327

Current Mailing Address:

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

New Mailing Address:

1236 PEREGRINE WAY
WESTON, FL 33327

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
1840 W 49 ST
603-03
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

OLIVARES, YERMAYN A
1236 PEREGRINE WAY
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: YERMAYN A OLIVARES

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: OLIVARES, YERMAYN A
Address: 1236 PEREGRINE WAY
City-St-Zip: WESTON, FL 33327

Title: VP
Name: PRADO, ADRIANA
Address: 1236 PEREGRINE WSY
City-St-Zip: WESTON, FL 33327

I hereby 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 all other like empowered.

SIGNATURE: YERMAYN A OLIVARES

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date