

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000104270

Entity Name: SUNHEALTH REHAB., INC.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6095 BIRCH TREE TERR  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

**Current Mailing Address:**

6095 BIRCH TREE TERR  
LAKE WORTH, FL 33467 US

**New Mailing Address:**

FEI Number: 65-0721300

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AGEE, LEIGH A  
6095 BIRCH TREE TERR  
LAKE WORTH, FL 33467 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: AGEE, LEIGH A  
Address: 6095 BIRCH TREE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

Title: V  
Name: MITCHELL, MICHAEL  
Address: 6095 BIRCH TREE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467

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: LEIGH ANN AGEE

PRES

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date