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Mar 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000033322 (3)

1. Corporation Name  
SUNSHINE REHABILITATION CENTER, INC.

Principal Place of Business

782 N. LEJEUNE ROAD  
SUITE 530  
MIAMI FL 33126

Mailing Address

782 N. LEJEUNE ROAD  
SUITE 530  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1997

4. FEI Number

65-07634-35

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 12350 SW 13204  
Suite, Apt. #, etc.

22 # 211

City & State  
23 MIAMI, FL

Zip Country  
24 33186 25 DADE

2a. Mailing Address  
26 9815 SW 83 Street  
Suite, Apt. #, etc.

27  
City & State  
28 MIAMI, FL

Zip Country  
29 33173 30 DADE

9. Name and Address of Current Registered Agent

GONZALEZ, OLGA  
4235 S.W. 143 COURT  
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name OLGA L. GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)  
9815 SW 83 STREET

83

84 City MIAMI

FL

85 Zip Code 33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

OLGA L. GONZALEZ

OLGA L. GONZALEZ

3/5/98

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME GONZALEZ, OLGA  
STREET ADDRESS 782 N. LEJEUNE RD, STE 530  
CITY-ST-ZIP MIAMI FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OLGA L. GONZALEZ  
1.2 NAME PRESIDENT  
1.3 STREET ADDRESS 12350 SW 132 COURT # 211  
1.4 CITY-ST-ZIP MIAMI, FL 33186

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed.

SIGNATURE:

OLGA L. GONZALEZ 3/5/98 205-412-0279

CR2E034 (10/97)