

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21 12350 SW 132 Ct
Suite, Apt. #, etc.

22 # 211

City & State

23 MIAMI, FL

Zip

24 33186

Country

25 DADE

26. Mailing Address

26 9815 SW 83 Street
Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33173

Country

30 DADE

9. Name and Address of Current Registered Agent

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

81 Name

OLGA L. GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)

9815 SW 83 Street

83

84 City

MIAMI

FL

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

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

(NOTE: Registered Agent signature required when changing)

3/5/98

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PT
GONZALEZ, OLGA
782 N. LEJEUNE RD, STE 530
MIAMI FL 33126

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OLGA L. GONZALEZ Change Addition

PRESIDENT
12350 SW 132 COURT # 211
MIAMI, FL 33186

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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, or on an attachment with an address.

SIGNATURE:

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

FILED
Mar 12 1998 8:00am
Secretary of State



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

\$5.00 May Be

Added to Fees

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

10. Name and Address of New Registered Agent

OLGA L. GONZALEZ

9815 SW 83 Street

83

84 City

MIAMI

FL

Zip Code

CR2E034 (1097)