

2019 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P16000095765

Entity Name: SUNSHINE REGIONAL MEDICAL & REHAB CENTER, INC.

Current Principal Place of Business:

9542 SHEPARD PL
WELLINGTON, FL 33414

Current Mailing Address:

9542 SHEPARD PL
WELLINGTON, FL 33414

FEI Number: 81-4595466

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VIROJA, JAGMOHAN
9542 SHEPARD PL
WELLINGTON, FL 33414 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: JAGMOHAN VIROJA

10/13/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name VIROJA, JAGMOHAN
Address 9542 SHEPARD PL
City-State-Zip: WELLINGTON FL 33414

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: VIROJA , JAGMOHAN

OWNER

10/13/2019

Electronic Signature of Signing Officer/Director Detail

Date