2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: SUNSET WEST MEDICAL CENTER FUNDING, LLC

Current Principal Place of Business:

90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33133

Current Mailing Address:

90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33133

FEI Number: 11-3785051

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARLOS, THOMAS P
90 EDGEWATER DRIVE
503
CORAL GABLES, FL 33133 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CARLOS FAMILY TRUST	Name	CARLOS PORPERTIES, LTD
Address	90 EDGEWATER DRIVE 503	Address	90 EDGEWATER DR. #503
City-State-Zip:	CORAL GABLES FL 33133	City-State-Zip:	CORAL GABLES FL 33133

Title	MGRM
Name	THOMAS PETER CARLOS REVOCABLE TRUST
Address	90 EDGEWATER DRIVE 503
City-State-Zip:	CORAL GABLES FL 33133

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS P CARLOS MGR 01/07/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date