## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000092515

Entity Name: SUNRISE MEDICAL GROUP VI, L.L.C.

1445 ROSS AVENUE STE 1400 DALLAS, TX 75202

**Current Principal Place of Business:** 

## **Current Mailing Address:**

1445 ROSS AVENUE STE 1400 DALLAS, TX 75202 US

FEI Number: 45-2980856 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Feb 13, 2013

**Secretary of State** 

CC3343475170

## Authorized Person(s) Detail:

Title Title **MGR** 

TENET FLORIDA PHYSICIAN Name Name DIR OF, KRISTINA MACK

> SERVICES LLC 1445 ROSS AVENUE Address

Address 1445 ROSS AVENUE DALLAS TX 75202 City-State-Zip:

City-State-Zip: DALLAS TX 75202

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINA MACK DIR OF

**MGR** 

02/13/2013