

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000092790

Entity Name: SUNNY MEDICAL CENTER, LLC

Current Principal Place of Business:

17070 COLLINS AVENUE, STE 257
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17070 COLLINS AVENUE, STE 257
SUNNY ISLES BEACH, FL 33160

FEI Number: 90-0987415

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUZYKA, ALEXEY
17070 COLLINS AVENUE, STE 257
SUNNY ISLES BEACH, FL 33160 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
Name MUZYKA, ALEXEY
Address 17070 COLLINS AVENUE, STE 257
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR
Name PEREPECH, EKATERINA
Address 17070 COLLINS AVENUE, STE 257
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title MGR
Name NEVIDOMY, VLADIMIR
Address 17070 COLLINS AVENUE, STE 257
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: VLADIMIR NEVIDOMY

MGMR

04/12/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date