

**2017 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:** ALEXEY MUZYKA

MGRM

01/13/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date