

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90166 004 \*\*\*\*50.00

**DOCUMENT # L01000004433**

1. Entity Name

**SUNSET MEDICAL PLAZA, L.C.**

Principal Place of Business

**6817 RIVIERA DRIVE  
CORAL GABLES FL 33146**

Mailing Address

**6817 RIVIERA DRIVE  
CORAL GABLES FL 33146**

17937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1136-751

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, COSME A  
6817 RIVIERA DRIVE  
CORAL GABLES FL 33146**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GOMEZ, COSME A  
6817 RIVIERA DRIVE  
CORAL GABLES FL 33146** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: **Cosme Gomez**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/1/02

Daytime Phone #

305 665 9387

CR2E083 (9/01)