## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000004433

Address:

6817 RIVIERA DRIVE

City-St-Zip: CORAL GABLES, FL 33146

Entity Name: SUNSET MEDICAL PLAZA, L.C.

FILED Jan 29, 2009 Secretary of State

| Current Principal Place of Business:        |  |                             | New Principal Place of Business:            |   |
|---|--|-----------------------------|---|---|
| 7265 SW 9<br>201<br>MIAMI, FL               |  |                             |   |   |
| Current Mailing Address:                    |  |                             | New Mailing Address:                        |   |
| 7265 SW 9<br>201<br>MIAMI, FL               |  |                             |   |   |
| FEI Number:                                 | : 65-1136751 F   | El Number Applied For ( )   | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )       |
| Name and                                    | Address of Curr  | ent Registered Agent:       | Name and Address                            | of New Registered Agent:                |
| CORAL GA                                    | ERA DRIVE<br>ABLES, FL 33146   |                             | ourpose of changing its register            | red office or registered agent, or both |
| SIGNATUR                                    | RE:  |                             |   |   |
|   | Electronic S   | Signature of Registered Age | ent   | Date                                    |
| MANAGING MEMBERS/MANAGERS:                  |  |                             | ADDITIONS/CHANGES:                          |   |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGR () Del<br>GOMEZ, COSME A<br>6817 RIVIERA DRIV<br>CORAL GABLES, F | /E                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGR () Del<br>PELLERANO-GOMI<br>6817 RIVIERA DRIV<br>CORAL GABLES, F | EZ, ROSINA<br>/E            | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                 |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGR ( ) Del<br>GOMEZ, ERIC<br>6817 RIVIERA DRIV<br>CORAL GABLES, F   | /E                          | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                   |
| Title:<br>Name:                             | MGR () Del<br>GOMEZ, LAUREN  | ete                         | Title:<br>Name:                             | ( ) Change ( ) Addition                 |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

Address:

City-St-Zip:

SIGNATURE: COSME A. GOMEZ, MD MGR 01/29/2009