

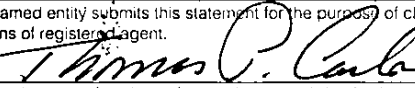
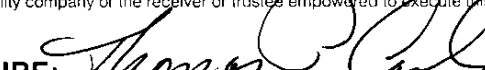


FILED
Jan 26, 2007 8:00 am
Secretary of State

[illegible]

DOCUMENT # L06000071304				Secretary of State 01-26-2007 90078 017 *****50.00	
1. Entity Name SUNSET WEST MEDICAL CENTER FUNDING, LLC		Principal Place of Business 999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134			
Mailing Address 999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01232007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 11-3785051	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LIPSITZ, MARC 550 BILTMORE WAY STE 700 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Thomas P. Carlos Street Address (P.O. Box Number is Not Acceptable) 999 Ponce de Leon Blvd., #1000 City Coral Gables FL 33134	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/23/07 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLOS, THOMAS P 999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Carlos Family Trust 999 Ponce de Leon Blvd., #1000 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLOS, PETER T 999 PONCE DE LEON BOULEVARD STE 1000 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Carlos Properties, LTD 999 Ponce de Leon Blvd., #1000 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Thomas Peter Carlos Revocable Trust 999 Ponce de Leon Blvd., #1000 Coral Gables, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 1/23/07 305-444-1500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					