

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071304

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** SUNSET WEST MEDICAL CENTER FUNDING, LLC

**Current Principal Place of Business:**

90 EDGEWATER DRIVE  
503  
CORAL GABLES, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

90 EDGEWATER DRIVE  
503  
CORAL GABLES, FL 33133

**New Mailing Address:**

**FEI Number:** 11-3785051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARLOS, THOMAS P  
90 EDGEWATER DRIVE  
503  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CARLOS FAMILY TRUST  
**Address:** 90 EDGEWATER DRIVE 503  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** CARLOS PORPERTIES, LTD  
**Address:** 999 PONCE DE LEON BLVD, #1000  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** MGRM  
**Name:** THOMAS PETER CARLOS REVOCABLE TRUST  
**Address:** 90 EDGEWATER DRIVE 503  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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.

**SIGNATURE:** THOMAS P CARLOS

MGR

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date