2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2012
Secretary of State

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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 Statues.

SIGNATURE: THOMAS P CARLOS MGR 02/24/2012

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