

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149862

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** SUNSET MEDICAL CENTER INC.

**Current Principal Place of Business:**

9835 SW 72ND STREET  
208  
MIAMI, FL 33173

**New Principal Place of Business:**

10271 SW 72ND STREET  
D-102  
MIAMI, FL 33173

**Current Mailing Address:**

9835 SW 72ND STREET  
208  
MIAMI, FL 33173

**New Mailing Address:**

10271 SW 72ND STREET  
D-102  
MIAMI, FL 33173

**FEI Number:** 13-4288486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTIERREZ, PETE MD  
9835 SW 72ND STREET  
208  
MIAMI, FL 33173 US

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

GUTIERREZ, PETE MD  
10271 SW 72ND STREET  
D-102  
MIAMI, FL 33173 US

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:

03/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: GUTIERREZ, PETE MD  
Address: 10271 SW 72ND STREET SUITE #D-102  
City-St-Zip: MIAMI, FL 33173

Title: P  
Name: FERNANDEZ, ENRIQUE MD  
Address: 10271 SW 72ND STREET SUITE #D-102  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETE GUTIERREZ

VP

03/12/2011

Electronic Signature of Signing Officer or Director

Date