

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000014298

**FILED**  
**Oct 23, 2014**  
**Secretary of State**

**Entity Name:** SUNLIGHT MEDICAL CENTER INC

**Current Principal Place of Business:**

4228 WEST 16 AVE  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

4228 WEST 16 AVE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANCO FERNANDEZ, FANNY FABIOLA  
4228 WEST 16 AVE  
HIALEAH, FL 33012 US

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

FERNANDEZ, LEONARDO  
4228 WEST 16 AVE  
HIALEAH, FL 33012 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: LEONARDO FERNANDEZ

10/23/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FERNANDEZ, LEONARDO  
Address: 4228 WEST 16 AVE  
City-St-Zip: HIALEAH, FL 33012

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: LEONARDO FERNANDEZ

P

10/23/2014

Electronic Signature of Signing Officer or Director

Date