

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006038 (0)

1. Corporation Name

SUNSET MEDICAL GROUP, INC.



Principal Place of Business

9346 S.W. 154TH PLACE
MIAMI FL 33196

Mailing Address

9346 S.W. 154TH PLACE
MIAMI FL 33196

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

2. Principal Place of Business

21 1251 W 44TH PL

2a. Mailing Address

26 6741 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HIALEAH FL

City & State

28 MIAMI FL

Zip

24 33012

Country

Zip

29 33155

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

VALENCIA, JOHN J
9346 S.W. 154TH PLACE
MIAMI FL 33196

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

MIAMI

FL

85 Zip Code

33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if changed from previous filing)

Signature of Registered Agent (if changed from previous filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVSD
NAME VALENCIA, JOHN J
STREET ADDRESS 9346 S.W. 154TH PLACE
CITY-STATE-ZIP MIAMI FL 33196

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, its receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN VALENCIA

X 04-29-96-305-819-8841

Date

Daytime Phone #

CR2E034 (12/95)