

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 04, 2006
Secretary of State**

DOCUMENT# P98000062444

Entity Name: SUNSET STRIP MEDICAL CENTER, INC.

Current Principal Place of Business:

6929 SUNSET STRIP
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6929 SUNSET STRIP
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 65-0843863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTERBURGER, DERWIN
672 VERONA PL
WESTON, FL 33326 US

Name and Address of New Registered Agent:

CLOUGH, PAUL
1860 N PINE ISLAND ROAD
SUITE 103
PLANTATION, FL 33322 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: PAUL V CLOUGH 08/04/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CPT (X) Delete
Name: WESTERBURGER, DERWIN
Address: 672 VERONA PLACE
City-St-Zip: WESTON, FL 33326

Title: SM () Delete
Name: FUNDORA, WILFREDO
Address: 16140 SW 6 ST
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PT (X) Change () Addition
Name: FUNDORA, WILFREDO
Address: 16140 SW 6 ST
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIE FUNDORA P 08/04/2006
Electronic Signature of Signing Officer or Director Date