

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062444

FILED  
Apr 26, 2012  
Secretary of State

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

**Current Principal Place of Business:**

6929 SUNSET STRIP  
SUNRISE, FL 33313

**New Principal Place of Business:**

4269 NW 88 AVE  
SUNRISE, FL 33351

**Current Mailing Address:**

6929 SUNSET STRIP  
SUNRISE, FL 33313

**New Mailing Address:**

304 INDIAN TRACE  
SUITE 636  
WESTON, FL 33326

**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 A  
304 INDIAN TRACE  
SUITE 636  
WESTON, FL 33326 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

**OFFICERS AND DIRECTORS:**

Title: PVPD  
Name: WESTERBURGER, DERWIN  
Address: 304 INDIAN TRACE STE 636  
City-St-Zip: WESTON, FL 33326

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: DERWIN WESTERBURGER

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04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date