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 <sup>,</sup> II FANA PEREZ-QUINTAIROS	PRESIDENT	04/10/2017

SIGNATURE: ILEANA PEREZ-QUINTAIROS

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P06000083988

# Entity Name: SUNSET DERMATOLOGY SKIN, LASER & VEIN CENTER, P.A.

## **Current Principal Place of Business:**

6310 SUNSET DRIVE MIAMI, FL 33143

#### **Current Mailing Address:**

6655 SW 69 LANE MIAMI. FL 33143

### FEI Number: 20-5087138

# Name and Address of Current Registered Agent:

PEREZ-QUINTAIROS, ILEANA R DR. 6310 SUNSET DRIVE MIAMI, FL 33143 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.

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Title D Name PEREZ-QUINTAIROS, ILEANA R. DR. 6310 SUNSET DRIVE Address City-State-Zip: MIAMI FL 33143

CC2106180456

FILED Apr 10, 2017

Secretary of State

Certificate of Status Desired: No

04/10/2017 Date

Date