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.

DIRECTOR

SIGNATURE: ILEANA PEREZ-QUINTAIROS

Electronic Signature of Signing Officer/Director Detail

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. ILEANA PEREZ-QUINTAIROS MD	SIGNATURE:	ILEANA PEREZ-QUINTAIROS MD
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Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

Officer/Director Detail :

DOCUMENT# P06000083988

Current Mailing Address:

FEI Number: 20-5087138

PEREZ-QUINTAIROS, ILEANA R DR.

6310 SUNSET DRIVE MIAMI, FL 33143

6655 SW 69 LANE MIAMI. FL 33143

6310 SUNSET DRIVE MIAMI, FL 33143 US

Current Principal Place of Business:

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

Certificate of Status Desired: No

01/16/2020 Date

01/16/2020 Date

FILED Jan 16, 2020 Secretary of State 3190807872CC