

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000101469

Entity Name: SUNLITE MEDICAL ASSOCIATES, INC.

Current Principal Place of Business:

4811 WEST 4TH AVENUE
HIALEAH, FL 33012

Current Mailing Address:

4811 WEST 4TH AVENUE
HIALEAH, FL 33012 US

FEI Number: 20-5334000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUALA, PABLO M
4811 WEST 4TH AVENUE
HIALEAH, FL 33012 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GUALA, PABLO M
Address 5600 COLLINS AVE, APT. 17T
City-State-Zip: MIAMI BEACH FL 33140

Title VP
Name CLARA, JAUREGUI B
Address 5600 COLLINS AVE. APT.17T
City-State-Zip: MIAMI BEACH FL 33140

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: PABLO GUALA, MD

PRESIDENT

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date