

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000101469

**Entity Name:** SUNLITE MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

5600 COLLINS AVE  
17T  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5600 COLLINS AVE  
17T  
MIAMI BEACH, FL 33140

**FEI Number:** 20-5334000

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GUALA, PABLO M  
5600 COLLINS AVE.  
17T  
MIAMI BEACH, FL 33140 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

P

04/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date