

2015 FLORIDA PROFIT CORPORATION 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 4811 WEST 4 AVE
City-State-Zip: HIALEAH FL 33012

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

05/01/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date