

**2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000101469

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

**Current Principal Place of Business:**

4811 WEST 4 AVENU  
HIALEAH, FL 33012

**Current Mailing Address:**

4811 WEST 4 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**

**OWNER**

**03/11/2026**

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

\_\_\_\_\_ Date