

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062444

Entity Name: SUNSET STRIP MEDICAL CENTER, INC.

Current Principal Place of Business:

4269 NW 88 AVE
SUNRISE, FL 33351

Current Mailing Address:

304 INDIAN TRACE
SUITE 636
WESTON, FL 33326

FEI Number: 65-0843863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTERBURGER, DERWIN
4269 NW 88 AVE
SUNRISE, FL 33351 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: DERWIN WESTERBURGER

04/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name WESTERBURGER, DERWIN
Address 4269 NW 88 AVE
City-State-Zip: SUNRISE FL 33351

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: DERWIN WESTERBURGER

DIRECTOR

04/24/2025

Electronic Signature of Signing Officer/Director Detail

Date