

2015 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 A
304 INDIAN TRACE
SUITE 636
WESTON, FL 33326 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 PVPD
Name WESTERBURGER, DERWIN
Address 304 INDIAN TRACE STE 636
City-State-Zip: WESTON FL 33326

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 A WESTERBURGER

PVPD

01/19/2015

Electronic Signature of Signing Officer/Director Detail

Date