

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000233641

Entity Name: SUNSET STRIP MEDICAL CENTER & REHAB, LLC

Current Principal Place of Business:

6751-6755 SUNSET STRIP
SUNRISE, FL 33313

Current Mailing Address:

6751-6755 SUNSET STRIP
SUNRISE, FL 33313

FEI Number: 88-2717419

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIGMUND, RINGOEN
582 SW FLAGLER AVENUE
FORT LAUDERDALE, FL 33301 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

Authorized Person(s) Detail :

Title MGR
Name SIGMUND, RINGOEN
Address 582 SW FLAGLER AVENUE
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name SIGMUND, RINGOEN
Address 582 SW FLAGLER AVENUE
City-State-Zip: FORT LAUDERDALE FL 33301

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIGMUND RINGOEN

PESIDENT

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date