

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011855

FILED  
Apr 22, 2007  
Secretary of State

Entity Name: SLEEP DIAGNOSTIC CENTERS, LLC

**Current Principal Place of Business:**

880 NW 13TH STREET  
SUITE 2A  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

880 NW 13TH STREET  
SUITE 2A  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 20-0726778      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARTZ, FRED A  
521 SW 15TH STREET  
SUITE 200  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

SCHWARTZ, ELIZABETH A  
521 SW 15TH STREET  
SUITE 200  
BOCA RATON, FL 33432 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: ELIZABETH E. SCHWARTZ      04/22/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDERSEN, NANCY J  
Address: 521 SW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDERSEN, NANCY J  
Address: 880 NW 13TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: SCHWARTZ, ELIZABETH  
Address: 521 SW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: SCHWARTZ, FRED A  
Address: 521 SW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ELIZABETH E. SCHWARTZ      MGRM      04/22/2007  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date