

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062973

FILED
Apr 15, 2006
Secretary of State

Entity Name: SLEEP DIAGNOSTIC SOLUTIONS, L.L.C.

Current Principal Place of Business:

6957 E. FOWLER AVENUE
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

6957 E. FOWLER AVENUE
TAMPA, FL 33617

New Mailing Address:

FEI Number: 30-0324390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: VETTICHIRA, SAJEEV P
Address: 6957 EAST FOWLER AVE
City-St-Zip: TAMPA, FL 33617

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: SAJEEV VETTICHIRA

MGR

04/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date