

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047013

FILED
Jan 30, 2008
Secretary of State

Entity Name: SOMNOMEDICS (USA) LLC

Current Principal Place of Business:

10400 QUITO ST
COOPER CITY, FL 33026

New Principal Place of Business:

100 NORTH BISCAYNE BLVD.
2100
MIAMI, FL 33132

Current Mailing Address:

10400 QUITO ST
COOPER CITY, FL 33026

New Mailing Address:

100 NORTH BISCAYNE BLVD.
2100
MIAMI, FL 33132

FEI Number: 14-1984427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMAS, JOSEPH I
1224 WASHINGTON AVENUE
MIAMI BEACH, FL FL US

Name and Address of New Registered Agent:

BAUR, THOMAS
100 NORTH BISCAYNE BLVD.
2100
MIAMI, FL FL 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: THOMAS BAUR

01/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: ALLAN, BRACK F CEO
Address: 10400 QUITO ST
City-St-Zip: COOPER CITY, FL 33026

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

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: KUECHLER, GERT P
Address: AM SONNENSTUHL 63
City-St-Zip: RANDERSACKER, GE 97236

Title: MGRM () Change (X) Addition
Name: SOMNOMEDICS GMBH,
Address: AM SONNENSTUHL 63
City-St-Zip: RANDERSACKER, GE 97236

I hereby certify that the information supplied with this filing does not qualify 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: GERT KUECHLER

MGRM

01/30/2008

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