

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103622

**FILED
May 01, 2008
Secretary of State**

Entity Name: SLEEP AND FATIGUE TREATMENT CENTER, PA

Current Principal Place of Business:

15200 JOG ROAD
201
DELRAY BEACH, FL 33446

New Principal Place of Business:

New Mailing Address:

15200 JOG ROAD
201
DELRAY BEACH, FL 33446

Current Mailing Address:

6666 NW 42ND WAY
BOCA RATON, FL 33496

FEI Number: 20-5342856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLETON, DARRYL E
6666 NW 42ND WAY
BOCA RATON, FL 33496 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: APPLETON, DARRYL
Address: 6666 NW 42ND WAY
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 an address, with all other like empowered.

SIGNATURE: DARRYL APPLETON

PRES

05/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date