

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103622

**FILED**  
**Mar 12, 2009**  
**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:**

777 EAST ATLANTIC AVENUE  
SUITE 301  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

15200 JOG ROAD  
201  
DELRAY BEACH, FL 33446

**New Mailing Address:**

777 EAST ATLANTIC AVENUE  
SUITE 301  
DELRAY BEACH, FL 33483

**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

**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

03/12/2009

Electronic Signature of Signing Officer or Director

Date