

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103622

FILED
Jan 06, 2011
Secretary of State

Entity Name: SLEEP AND FATIGUE TREATMENT CENTER, PA

Current Principal Place of Business:

777 EAST ATLANTIC AVENUE
SUITE 301
DELRAY BEACH, FL 33483

New Principal Place of Business:

301 WEST ATLANTIC AVENUE
SUITE 0-6
DELRAY BEACH, FL 33444

Current Mailing Address:

6666 NW 42ND WAY
BOCA RATON, FL 33496

New Mailing Address:

301 WEST ATLANTIC AVENUE
SUITE 0-6
DELRAY BEACH, FL 33444

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

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: DARRYL APPLETON

PRES

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date