

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103622

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** SLEEP AND FATIGUE TREATMENT CENTER, PA

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

02/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date