

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000021032

**Entity Name:** NAVARRE SLEEP DISORDER GROUP INC.

**Current Principal Place of Business:**

8734 ORTEGA PARK DRIVE  
NAVARRE, FL 32566

**Current Mailing Address:**

1200 GRAVESEND NECK RD  
3L  
BROOKLYN, NY 11229

**FEI Number:** 20-0676080

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OPPENHEIM, KIRA  
21205 YACHT CLUB DRIVE  
406  
AVENTURA, FL 33180 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	CD
Name	OPPENHEIM, KIRA	Name	KOSOVSKIY, GENNADIY
Address	1200 GRAVESEND NECK RD., APT 3L	Address	10 CHASE DRIVE
City-State-Zip:	BROOKLYN NY 11229	City-State-Zip:	SHARON MA 02067

*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:** OPPENHEIM , KIRA

**PRESIDENT**

**03/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date