

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103622

Entity Name: SLEEP AND FATIGUE TREATMENT CENTER, PA

Current Principal Place of Business:

4205 WEST ATLANTIC AVENUE
SUITE 301
DELRAY BEACH, FL 33445

Current Mailing Address:

4205 WEST ATLANTIC AVENUE
SUITE 301
DELRAY BEACH, FL 33445 US

FEI Number: 20-5342856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLETON, DARRYL E
4205 WEST ATLANTIC AVENUE
SUITE 301
DELRAY BEACH, FL 33445 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 PRESIDENT
Name APPLETON, DARRYL
Address 4205 WEST ATLANTIC AVENUE
 SUITE 301
City-State-Zip: DELRAY BEACH FL 33445

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

PRESIDENT

01/09/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date