

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000103622

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-5342856

**Certificate of Status Desired:** No

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

APPLETON, DARRYL E  
6666 NW 42ND WAY  
BOCA RATON, FL 33496 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            PRES  
Name            APPLETON, DARRYL  
Address        6666 NW 42ND WAY  
City-State-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

**PRESIDENT**

**01/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date