

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000045043

Entity Name: SLEEP CENTER S.E., INC.

Current Principal Place of Business:

4994 NW 39 AVENUE
SUITE A
GAINESVILLE, FL 32606

Current Mailing Address:

4994 NW 39 AVENUE
SUITE A
GAINESVILLE, FL 32606 UN

FEI Number: 45-2196714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPAULDING, BRENT J
4994 NW 39 AVENUE
SUITE A
GAINESVILLE, FL 32606 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 PSD
Name SPAULDING, BRENT J
Address 4994 NW 39 AVENUE SUITE A
City-State-Zip: GAINESVILLE FL 32606

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: BRENT SPAULDING

PRESIDENT

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date