

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129182

**Entity Name:** NSC-SLEEP CENTER, LLC**Current Principal Place of Business:**9960 N.W. 116TH WAY, SUITE 13  
MEDLEY, FL 33178**Current Mailing Address:**P.O. BOX 160010  
HIALEAH, FL 33016**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**B & C CORPORATE SERVICES, INC.  
ONE BISCAYNE TOWER  
2 SOUTH BISCAYNE BLVD., 21ST FLOOR  
MIAMI, FL 33131 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

**Authorized Person(s) Detail :**

Title MGR  
Name PAULEY, LANNY  
Address 9960 NW 116 WAY SUITE 13  
City-State-Zip: MEDLEY FL 33178

Title MGRM  
Name KOHRMAN, BRUCE D  
Address 9960 NW 116 WAY SUITE 13  
City-State-Zip: MEDLEY FL 33178

Title MGRM  
Name GRAN, BERNARD  
Address 9960 NW 116 WAY SUITE 13  
City-State-Zip: MEDLEY FL 33178

Title MGRM  
Name FARADJI, VICTOR  
Address 9960 NW 116 WAY SUITE 13  
City-State-Zip: MEDLEY FL 33178

Title MGRM  
Name MARCOS, JORGE  
Address 9960 NW 116 WAY SUITE 13  
City-State-Zip: MEDLEY FL 33178

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LANNY PAULEY

MGR

02/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date