

17091000000895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

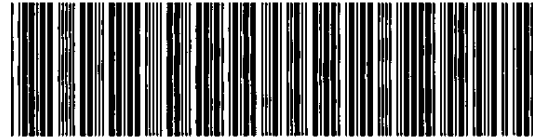
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Anesco Sleep Operations, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A09000000895

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Frank Denoun  
Contact Person

3536 N Federal Hwy #202  
Firm/Company  
Address

Ft. Lauderdale, FL 33308  
City, State and Zip Code

tmenendez@meliorortho.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Denoun at (954) 566-7590  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Anesco Sleep Operations, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/17/2009 3. A09000000895  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Perlman, Yevoli + Albright, P.L.  
Name  
200 S. Andrews Ave, Ste 600  
Address  
Ft. Lauderdale, FL 33301  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Daszkal Bolton  
Name  
2401 NW Boca Raton Blvd  
Florida street address (P.O. Box not acceptable)  
Boca Raton FL 33431  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

x [Signature]  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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