

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000088

Entity Name: SLEEP CARE DIAGNOSTICS, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

6003 HONROE AVE STE 101
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

4780 SOCIALVILLE-FOSTERS ROAD
MASON, OH 45040

New Mailing Address:

FEI Number: 31-1138782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY ESQ
202 S ROME AVENUE SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDS () Delete
Name: SNIDER, DIXIE J
Address: 4780 SOCIALVILLE-FOSTERS ROAD
City-St-Zip: MASON, OH 45040

Title: DT () Delete
Name: SNIDER, JAMES C
Address: 4780 SOCIALVILLE-FOSTERS ROAD
City-St-Zip: MASON, OH 45040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDS (X) Change () Addition
Name: SNIDER, DIXIE J
Address: 4780 SOCIALVILLE-FOSTER ROAD
City-St-Zip: MASON, OH 45040

Title: DTC (X) Change () Addition
Name: SNIDER, JAMES C
Address: 4780 SOCIALVILLE-FOSTER ROAD
City-St-Zip: MASON, OH 45040

Title: DP () Change (X) Addition
Name: SNIDER, JASON
Address: 4780 SOCIALVILLE-FOSTER ROAD
City-St-Zip: MASON, OH 45040

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JASON SNIDER

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date