2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2007
Secretary of State

DOCUMENT# L02000013207

Entity Name: BAY AREA SLEEP ASSOCIATES, LLC.

Current Principal Place of Business:

1323 W. FLETCHER AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

1323 W. FLETCHER AVE
TAMPA, FL 33612

New Mailing Address:

FEI Number: 27-0018539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KILLMER, EDWARD J JR.
3802 EHRLICH ROAD, SUITE 307
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

KILLMER, EDWARD J JR.
1323 WEST FLETCHER AVE.
TAMPA, FL 33624 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: 01/24/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HEALTH CARE SOLUTION, S, LLC
Address: 1323 W. FLAGLER AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HEALTH CARE SOLUTION, S, LLC
Address: 1323 W. FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: EDWARD J. KILLMER MR 01/24/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date