2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
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.
1323 WEST FLETCHER AVE.
TAMPA, FL 33624 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

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 JR. MGRM 04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date