

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017446

**FILED**  
**Mar 20, 2004**  
**Secretary of State**

**Entity Name:** SDR CLINIC & SLEEP DISORDER INSTITUTE, L.L.C.

**Current Principal Place of Business:**

8080 W. FLAGLER STREET  
SUITE 3-E  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8080 W. FLAGLER STREET  
SUITE 3-E  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 74-3051805

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

RAMIREZ, MARCO A  
8080 W. FLAGLER STREET  
SUITE 3-E  
MIAMI, FL 33144

**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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: RAMIREZ, MARCO A  
Address: 8080 W. FLAGLER STREET, STE. 3 E  
City-St-Zip: MIAMI, FL 33144

**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 for the exemption stated in Section 119.07(3)(i), 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: MARCO A RAMIREZ

MR

03/20/2004

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