

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017446

FILED
Mar 19, 2009
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:

836 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 US

Current Mailing Address:

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

New Mailing Address:

836 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 US

FEI Number: 74-3051805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RAMIREZ, MARCO A
836 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 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: MARCO A RAMIREZ

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: VEGA, MADELIN B
Address: 8080 W. FLAGLER STREET, STE. 3-E
City-St-Zip: MIAMI, FL 33144 21

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMIREZ, MARCO A
Address: 836 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM (X) Change () Addition
Name: VEGA, MADELIN B
Address: 836 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

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: MARCO A RAMIREZ

MGRM

03/19/2009

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