2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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
836 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 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
Name: RAMIREZ, MARCO A
Address: 836 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 Statues.

SIGNATURE: MARCO A RAMIREZ MGRM 04/22/2010

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