

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017446

FILED
Apr 28, 2011
Secretary of State

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:

1800 S. OCEAN DRIVE
UNIT 2305
HALLANDALE BEACH, FL 33009 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
836 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

RAMIREZ, MARCO A
1800 S OCEAN DRIVE
UNIT 2305
HALLANDALE BEACH, 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

04/28/2011

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 Statutes.

SIGNATURE: MARCO A RAMIREZ

MGRM

04/28/2011

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