

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033094

FILED
Feb 02, 2006
Secretary of State

Entity Name: SLEEP-WAKE DISORDERS CENTER WEST COAST DIVISION LIMITED LIABILITY COMPANY

Current Principal Place of Business:

7325 SW 63RD AVE, STE. 203
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7325 SW 63RD AVE, STE. 203
MIAMI, FL 33143

New Mailing Address:

FEI Number: 04-3729856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, FRANK
4738 S.W. 74TH AVENUE
MIAMI, FL 33155 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: MGR () Delete
Name: GOMEZ, FRANK
Address: 4738 S.W. 74TH AVENUE
City-St-Zip: MIAMI, FL 33155

Title: MGR () Delete
Name: SCHADER, ROBERT B MD
Address: 7325 SOUTHWEST 63RD AVENUE STE. 203
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: SEIDEN, DAVID J MD
Address: 7325 SOUTHWEST 63RD AVENUE STE. 203
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

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

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

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 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: FRANK GOMEZ

MGR

02/02/2006

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