2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03267900354
9/22/2003-90104-011-$50.00-$50.00

FILED
2003 OCT -3 AM 9:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033094

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

Principal Place of Business	Mailing Address
4738 S.W. 74TH AVENUE MIAMI FL 33155	4738 S.W. 74TH AVENUE MIAMI FL 33155

2. Principal Place of Business	3. Mailing Address
7325 SW 63rd Ave	7325 SW 63RD Ave
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Suite 203
City & State: Miami Florida	City & State: Miami Florida
Zip: 33143 — Country: Dade	Zip: 33143 — Country: Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3729856 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOMEZ, FRANK 4738 S.W. 74TH AVENUE MIAMI FL 33155	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOMEZ, FRANK 4738 S.W. 74TH AVENUE MIAMI FL 33155 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORI 7325 SOUTHWEST 63RD AVENUE STE. 203 MIAMI FL 33143 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/03)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED 8/19/03 305-661-5944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #