2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# L03000037740

Entity Name: FLORIDA SLEEP INSTITUTE AT BROOKSVILLE, LLC

Current Principal Place of Business:

12440 CORTEZ BLVD.
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

24087 TWISTER LANE
BROOKSVILLE, FL 34602

New Mailing Address:

FEI Number: 06-1711637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE
SUITE 314
DADE CITY, FL 33525 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/MEMBERS:

Title: MGRM ( ) Delete
Name: KOHLER, WILLIAM C M.D.
Address: 24087 TWISTER LANE
City-St-Zip: BROOKSVILLE, FL 34602

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: WILLIAM C. KOHLER MGRM 06/30/2004

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