

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037740

FILED
Feb 21, 2008
Secretary of State

Entity Name: FLORIDA SLEEP INSTITUTE, LLC

Current Principal Place of Business:

4075 MARINER BLVD.
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

24087 TWISTER LANE
BROOKSVILLE, FL 34602

New Mailing Address:

4075 MARINER BLVD.
SPRING HILL, FL 34609

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:

CORPORATE CREATIONS INTERNATIONAL, INC.
11380 PROSPERITY FARMS ROAD
#221E
PALM BEACH GARDENS, FL 33410 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: JIM PERKINS

02/21/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 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: WILLIAM C. KOHLER, M.D.

MGRM

02/21/2008

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