2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# L03000041247

Entity Name: SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA, WINTER PARK SLEEP RESEARCH DIVISION, LLC

Current Principal Place of Business:

1788 WEST FAIRBANKS AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1788 WEST FAIRBANKS AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 74-3110142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORAN, THOMAS P
111 N. ORANGE AVE, STE 1200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

FAKIH, FAISAL A
1788 W. FAIRBANKS AVENUE
WINTER PARK, FL 32789 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: FAISAL A. FAKIH 04/15/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: FAKIH, FAISAL A
Address: 1788 W. FAIRBANKS AVENUE
City-St-Zip: WINTER PARK, FL 32789 US

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: FAISAL A. FAKIH PRES 04/15/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date