2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041247

Apr 16, 2005 Secretary of State

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

DIVISION, LLC

Current Principal Place of Business: New Principal Place of Business:

1788 WEST FAIRBANKS AVE. 1788 WEST FAIRBANKS AVE. WINTER PARK, FL 32789

SUITE A

WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

1788 WEST FAIRBANKS AVE. 1788 WEST FAIRBANKS AVE. WINTER PARK, FL 32789

SUITE A

WINTER PARK, FL 32789

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FAKIH, FAISAL A FAKIH, FAISAL A 1788 W. FAIRBANKS AVENUE 1788 W. FAIRBANKS AVENUE, STE. A WINTER PARK, FL 32789 WINTER PARK, FL 32789

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: 04/16/2005 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition

FAKIH, FAISAL A Name: Name: FAKIH, FAISAL A 1788 W. FAIRBANKS AVENUE 1788 W. FAIRBANKS AVENUE, STE. A Address: Address: City-St-Zip: WINTER PARK, FL 32789 US 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 04/16/2005