

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011855

FILED
Jan 18, 2006
Secretary of State

Entity Name: SLEEP DIAGNOSTIC CENTERS, LLC

Current Principal Place of Business:

880 NW 13TH STREET
SUITE 2A
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

880 NW 13TH STREET
SUITE 2A
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-0726778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, FRED A
521 SW 15TH STREET
SUITE 200
BOCA RATON, FL 33432 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/MANAGERS:

Title: MGRM () Delete
Name: ANDERSEN, NANCY J
Address: 521 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: SCHWARTZ, ELIZABETH
Address: 521 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: SCHWARTZ, FRED A
Address: 521 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SCHWARTZ, ELIZABETH
Address: 521 SW 15TH STREET
City-St-Zip: BOCA RATON, FL 33432

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 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: FRED A. SCHWARTZ

MGRM

01/18/2006

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