2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011855

Entity Name: SLEEP DIAGNOSTIC CENTERS, LLC

FILED Apr 22, 2007 Secretary of State

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

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

Current Mailing Address: New Mailing Address:

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

FEI Number: 20-0726778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHWARTZ, FRED A
521 SW 15TH STREET
SUITE 200
BOCA RATON, FL 33432 US
SCHWARTZ, ELIZABETH A
521 SW 15TH STREET
SUITE 200
BOCA RATON, FL 33432 US
SCHWARTZ, ELIZABETH A
521 SW 15TH STREET
SUITE 200
BOCA RATON, FL 33432 US

BOCA RATON, FL 33432 US BOCA RATON, FL 33432 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: ELIZABETH E. SCHWARTZ 04/22/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 ANDERSEN, NANCY J

ANDERSEN, NANCY J

Address: 521 SW 15TH STREET Address: 880 NW 13TH STREET
City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete Title: () Change () Addition Name: SCHWARTZ, ELIZABETH Name:

 Name:
 SCHWARTZ, ELIZABETH
 Name:

 Address:
 521 SW 15TH STREET
 Address:

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SCHWARTZ, FRED A
 Name:

 Address:
 521 SW 15TH STREET
 Address:

 City-St-Zip:
 BOCA RATON, FL 33432
 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: ELIZABETH E. SCHWARTZ MGRM 04/22/2007