

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025041

FILED
Jan 10, 2005
Secretary of State

Entity Name: SLEEP-WAKE DISORDERS CENTER OF SOUTH FLORIDA, KENDALL DIVISION, LLC

Current Principal Place of Business:

7325 SOUTHWEST 63RD AVENUE, SUITE #203
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

7325 SOUTHWEST 63RD AVENUE, SUITE #203
MIAMI, FL 33143

New Mailing Address:

FEI Number: 20-0947678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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/MEMBERS:

Title: MGR () Delete
Name: SCHADER, ROBERT B M.D.
Address: 7325 SOUTHWEST 63RD AVENUE, SUITE #203
City-St-Zip: MIAMI, FL 33143

Title: MGR () Delete
Name: GALLARDO, RAFAEL
Address: 7325 SOUTHWEST 63RD AVENUE, SUITE #203
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: SEIDEN, DAVID J M.D.
Address: 7325 SOUTHWEST 63RD AVENUE, SUITE #203
City-St-Zip: MIAMI, FL 33143

Title: T (X) Delete
Name: MONTEAGUDO, FELIX
Address: 7325 SOUTHWEST 63RD AVENUE, SUITE #203
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SEIDEN, DAVID J M.D.
Address: 7325 SOUTHWEST 63RD AVENUE, SUITE #203
City-St-Zip: MIAMI, FL 33143

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 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: ROBERT B. SCHADER, MD

MGR

01/10/2005

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