

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000041685

FILED
Oct 12, 2005
Secretary of State

Entity Name: SLEEP CENTER OF OCALA, LLC

Current Principal Place of Business:

6041 SOUTHWEST 73RD STREET ROAD
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

6041 SOUTHWEST 73RD STREET ROAD
OCALA, FL 34476

New Mailing Address:

PO BOX 3128
OCALA, FL 34476

FEI Number: 20-1311151 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THE HEALTH LAW FIRM
220 EAST CENTRAL PARKWAY, SUITE 2030
ALTAMONTE SPRINGS, FL 32701 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: GEORGE INDEST

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: MD () Change (X) Addition
Name: KOHLI., NAGESH MD
Address: 1834 SW 1ST AVE STE 101
City-St-Zip: OCALA, FL 34474 US

Title: MD () Change (X) Addition
Name: ALFREDSUNDER, PERIN MD
Address: 6041 SW 73 ST RD
City-St-Zip: OCALA, FL 34476 US

Title: MD () Change (X) Addition
Name: BAPATLA, AMRUTH MD
Address: 6041 SW 73 ST RD
City-St-Zip: OCALA, FL 34476 US

Title: MD () Change (X) Addition
Name: MITRA, PERIN MD
Address: 1834 SW 1ST AVE STE 101
City-St-Zip: OCALA, FL 34474

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: NAGESH KOHLI

MD

10/12/2005

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