
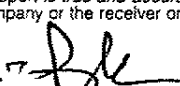


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000041685		
1. Entity Name SLEEP CENTER OF OCALA, LLC		
Principal Place of Business 6041 SOUTHWEST 73RD STREET ROAD OCALA, FL 34476	Mailing Address PO BOX 3128 OCALA, FL 34476	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THE HEALTH LAW FIRM 220 EAST CENTRAL PARKWAY, SUITE 2030 ALTAMONTE SPRINGS, FL 32701		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD KOHLI, NAGESH MD 1834 SW 1ST AVE STE 101 OCALA, FL 34474	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD ALFREDSUNDER, PERIN MD 6041 SW 73 ST RD OCALA, FL 34476	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD BAPATLA, AMRUTH MD 6041 SW 73 ST RD OCALA, FL 34476	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD MITRA, PURUS MD 1834 SW 1ST AVE STE 101 OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1311151	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

000000580258
01/10/07-80040-008 50.00

**DO NOT WRITE
IN THIS SPACE**

1/4/07

Date Daytime Phone #