

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041685

FILED
Jan 11, 2008
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:

PO BOX 3128
OCALA, FL 34476

New Mailing Address:

FEI Number: 20-1311151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE HEALTH LAW FIRM
220 EAST CENTRAL PARKWAY, SUITE 2030
ALTAMONTE SPRINGS, FL 32701 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: MD () Delete
Name: KOHLI, NAGESH MD
Address: 1834 SW 1ST AVE STE 101
City-St-Zip: OCALA, FL 34474 US

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

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

Title: MD () Delete
Name: MITRA, PURUS MD
Address: 1834 SW 1ST AVE STE 101
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PURUS MITRA, MD

PRES

01/11/2008

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