

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041685

FILED
Feb 16, 2010
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:

1834 SW 1ST AVE.
STE 101
OCALA, FL 34471

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:

KOHLI, NAGES M.D.
1834 SW 1ST AVE.
STE 101
OCALA, FL 34471 US

Name and Address of New Registered Agent:

KOHLI, NAGESH M.D.
1834 SW 1ST AVE.
STE 101
OCALA, FL 34471 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: NAGESH KOHLI, M.D.

02/16/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MD
Name: KOHLI, NAGESH MD
Address: 1834 SW 1ST AVE STE 101
City-St-Zip: OCALA, FL 34474 US

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

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

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

I hereby 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, M.D.

PRES

02/16/2010

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