

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053598

FILED
Apr 15, 2005
Secretary of State

Entity Name: SLEEP DISORDERS CLINIC, L.L.C.

Current Principal Place of Business:

430 MORTON PLANT STREET
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

430 MORTON PLANT STREET
CLEARWATER, FL 33756 US

New Mailing Address:

FINANCIAL MS#101
P. O. BOX 210
CLEARWATER, FL 33757 US

FEI Number: 90-0197772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C JR.
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 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: MGRM () Delete
Name: MORTON PLANT HOSPITA, L ASSOCIATION, INC.
Address: 323 JEFFORDS STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: ANDRIOLA, MICHAEL M.D.
Address: 1011 JEFFORDS STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: POLLOCK, DIANA M.D.
Address: 1011 JEFFORDS STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: SINOFF, STUART M.D.
Address: 401 CORBETT STREET
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: WHIMS-SQUIRES, LISA M.D.
Address: 401 CORBETT STREET
City-St-Zip: CLEARWATER, FL 33756 US

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:

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: MICHAEL ANDRIOLA, M.D.

MGRM

04/15/2005

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