2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000053598

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:

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

New Mailing Address:

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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MORTON PLANT HOSPITAL ASSOCIATION, INC.	
Address:	300 PINELLAS 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 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: EMIL C. MARQUARDT, JR. RA 04/30/2009

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