

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053598

FILED  
Feb 11, 2010  
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:**

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  
**Name:** MORTON PLANT HOSPITAL ASSOCIATION, INC.  
**Address:** 300 PINELLAS STREET  
**City-St-Zip:** CLEARWATER, FL 33756 US

**Title:** MGRM  
**Name:** POLLOCK, DIANA M.D.  
**Address:** 1011 JEFFORDS SREET  
**City-St-Zip:** CLEARWATER, FL 33756 US

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

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

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:** EMIL C. MARQUARDT, JR., ESQ.

RA

02/11/2010

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