2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2007
Secretary of State

DOCUMENT# L04000082769

Entity Name: APNEA MANAGEMENT SERVICES, LLC

Current Principal Place of Business:

8919 CARILLION ESTATES WAY
FORT MYERS, FL 33912 US

New Principal Place of Business:

6350 TECHSTER BLVD
2
FORT MYERS, FL 33966 US

Current Mailing Address:

8919 CARILLION ESTATES WAY
FORT MYERS, FL 33912 US

New Mailing Address:

6350 TECHSTER BLVD
2
FORT MYERS, FL 33966 US

FEI Number: 20-1879908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, GARY ESQ.
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: CLARK, ANDREA
Address: 8919 CARILLION ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLARK, ANDREA L PRESIDE
Address: 8919 CARILLION ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

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: ANDREA L. CLARK PRES 07/12/2007

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