

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049080

FILED
Aug 25, 2009
Secretary of State

Entity Name: SLEEP MEDICINE SPECIALISTS, PLLC

Current Principal Place of Business:

1625 OSPREY
SARASOTA, FL 34239 US

New Principal Place of Business:

1625 S. OSPREY AVE.
SARASOTA, FL 34239 US

Current Mailing Address:

4411 BEE RIDGE ROAD
#440
SARASOTA, FL 34233 US

New Mailing Address:

FEI Number: 20-2858219 **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:

Name and Address of New Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, GLENN D M.D.
Address: 4411 BEE RIDGE ROAD #440
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES:

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: GLENN D. ADAMS, M.D.

MGRM

08/25/2009

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