

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049080

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** SLEEP MEDICINE SPECIALISTS, PLLC

**Current Principal Place of Business:**

1625 S. OSPREY AVE.  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**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 ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

BLALOCK WALTERS, 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: CLIFFORD L WALTERS

02/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

MGRM

02/03/2011

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