

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000049080

**FILED  
Feb 27, 2012  
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, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205 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:** 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      02/27/2012

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