2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2008
Secretary of State

DOCUMENT# L05000067720

Entity Name: SLEEP DISORDERS INSTITUTE, LLC

Current Principal Place of Business:

2750 MEADOWOOD DRIVE
WESTON, FL 333323438

New Principal Place of Business:

Current Mailing Address:

2750 MEADOWOOD DRIVE
WESTON, FL 333323438

New Mailing Address:

FEI Number: 06-1780496 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SINGH, BALDEV
2750 MEADOWOOD DR
WESTON, FL 33332 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: SINGH, BALDEV
Address: 2750 MEADOWOOD DR
City-St-Zip: WESTON, FL 33332

Title: MGRM ( ) Delete
Name: DANG, STUTI
Address: 2750 MEADOWOOD DR
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BALDEV SINGH MGRM 03/02/2008

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