

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074497

FILED
Feb 25, 2006
Secretary of State

Entity Name: GULF COAST SLEEP STUDIES & DIAGNOSTIC CENTER, LLC

Current Principal Place of Business:

2722 TAMPA BAY BLVD
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2722 TAMPA BAY BLVD
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-3213564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSLANDER, DAVID S
2722 TAMPA BAY BLVD
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

SRD CONSULTANTS, LLC.
2216 US 19
HOLIDAY, FL 34691 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: SCOTT R. DRUMMOND

02/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AUSLANDER, DAVID S
Address: 2722 TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: DRUMMOND, SCOTT R
Address: 2722 TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AUSLANDER, DAVID S
Address: 2722 TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: MGR (X) Change () Addition
Name: DRUMMOND, SCOTT R
Address: 2722 TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID S. AUSLANDER

MGR

02/25/2006

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