2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086258

City-St-Zip: OCALA, FL 34462

Entity Name: GAINESVILLE SLEEP, LAB, LLC

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	•		New Fillicipal Flace	e Of Busiliess.
6216 B NV B	V 43RD STREI	ΞT		
_	LLE, FL 32653	3		
Current M	lailing Addres	ss:	New Mailing Address:	
	V 43RD STRE	≣T		
B GAINESVI	LLE, FL 32653	3		
FEI Number	: 20-3458773	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1834 SW 1 OCALA, F	1ST AVENUE S L 34474 US	3		- d - 65
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () KOHLI, NAGES 2020 SW 44TH OCALA, FL 34	LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MITRA, PURUS	STREET ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	MGRM () CRAWFORD, J 4690 NW 44TH		Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: JOHN M CRAWFORD **MGRM** 01/05/2007