

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086258

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: GAINESVILLE SLEEP, LAB, LLC

**Current Principal Place of Business:**

6216 B NW 43RD STREET  
B  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

6216 B NW 43RD STREET  
B  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 20-3458773      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

OCALA CRITICAL CARE AND LUNG ASSOC. INC.  
1834 SW 1ST AVENUE STE 101  
OCALA, FL 34474 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: KOHLI, NAGESH DR.  
Address: 2020 SW 44TH LANE  
City-St-Zip: Ocala, FL 34474

Title: MGRM ( ) Delete  
Name: MITRA, PURUSHOTTAM  
Address: 2170 SW 37TH STREET ROAD  
City-St-Zip: Ocala, FL 34474

Title: MGRM ( ) Delete  
Name: CRAWFORD, JOHN  
Address: 4690 NW 44TH TERRACE  
City-St-Zip: Ocala, FL 34462

**ADDITIONS/CHANGES:**

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

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: JOHN CRAWFORD

MGRM

04/30/2009

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