

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000086258

**FILED**  
**Feb 18, 2011**  
**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:**

1834 SW 1ST AVE.  
STE 101  
OCALA, FL 34471

**FEI Number:** 20-3458773

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

OCALA CRITICAL CARE AND LUNG ASSOC. INC.  
1834 SW 1ST AVENUE STE 101  
OCALA, FL 34471 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:

02/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KOHLI, NAGESH DR.  
Address: 2020 SW 44TH LANE  
City-St-Zip: OCALA, FL 34474

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

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: NAGESH KOHLI

MGRM

02/18/2011

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