

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086258

FILED
Feb 21, 2012
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:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

OCALA LUNG & CRITICAL CARE ASSOCIATES, INC
1834 SW 1ST AVENUE STE 101
OCALA, FL 34471 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
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: PURUS MITRA, M.D. MGRM 02/21/2012

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