

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000092047

FILED
Oct 05, 2006
Secretary of State

Entity Name: SPACE COAST SLEEP DISORDERS CENTER, LLC

Current Principal Place of Business:

640 CLASSIC COURT
SUITE 106
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

640 CLASSIC COURT
SUITE 106
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 20-3758509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIGALL, ANTONIO E
1262 SORENTA CIRCLE
WEST MELBOURNE, FL 32904 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: ANTONIO STIGALL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STIGALL, ANTONIO E
Address: 1262 SORENTA CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: MGR () Delete
Name: STIGALL, JENNIFER L
Address: 1262 SORENTA CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES:

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 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: JENNIFER STIGALL

MRS.

10/05/2006

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