2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L05000092047

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 SORENTO 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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR ( ) Delete
Name: STIGALL, JENNIFER L
Address: 1262 SORENTO 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 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: ANTONIO E. STIGALL MGR 03/23/2009

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