

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000092047

**FILED**  
**Mar 06, 2011**  
**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 (X)**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: ANTONIO E. STIGALL

MR.

03/06/2011

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