

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117435

FILED
Jul 06, 2007
Secretary of State

Entity Name: TRINITY SLEEP DIAGNOSTICS CENTER, LLC

Current Principal Place of Business:

11329 CARROLLWOOD DRIVE
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

11329 CARROLLWOOD DRIVE
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 20-4876942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FUENTES, LAWRENCE E
1407 W. BUSCH BLVD.
TAMPA, FL 33612 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 () Delete
Name: MODH, ASHOK
Address: 11329 CARROLLWOOD DRIVE
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES:

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: ASHOK MODH

MGMR

07/06/2007

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