

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023366

FILED
Mar 19, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA SLEEP DISORDERS CENTER LLC

Current Principal Place of Business:

1324 N CIRCUS TERRACE
HERNANDO, FL 34442 US

New Principal Place of Business:

Current Mailing Address:

1324 N CIRCUS TERRACE
HERNANDO, FL 34442 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

ABRAHAM, SUNOJ
1324 N CIRCUS TERRACE
HERNANDO, FL, FL 34442 US

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: SUNOJ ABRAHAM

03/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ABRAHAM, SUNOJ
Address: 1324 N CIRCUS TERRACE
City-St-Zip: HERNANDO, FL 34442 US

Title: MGRM () Delete
Name: ABRAHAM, SUJA
Address: 1324 N CIRCUS TERRACE
City-St-Zip: HERNANDO, FL 34442 US

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: SUNOJ ABRAHAM

MGRM

03/19/2007

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