

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032880

FILED  
Jan 19, 2009  
Secretary of State

**Entity Name:** PREFERRED DIAGNOSTIC SLEEP LABORATORIES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

899 MEADOWS ROAD, STE. 101  
BOCA RATON, FL 33486

**New Principal Place of Business:**

950 PENINSULA CORPORATE CIRCLE  
SUITE 3022-24  
BOCA RATON, FL 334871388 US

**Current Mailing Address:**

110 W. NORTH STREET, STE. 100  
GREENVILLE, SC 29601

**New Mailing Address:**

110 W. NORTH STREET, STE. 100  
GREENVILLE, SC 29601 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL REGISTERED AGENTS, INC.  
2731 EXECUTIVE PARK DRIVE, STE. 4  
WESTON, FL 33331 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: WEBB, LARRY  
Address: 110 W. NORTH STREET, STE. 100  
City-St-Zip: GREENVILLE, SC 29601

Title: MGRM ( ) Delete  
Name: MELLOTT, MATT  
Address: 110 W. NORTH STREET, STE. 100  
City-St-Zip: GREENVILLE, SC 29601

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROY, MYERS  
Address: 110 W. NORTH STREET, STE. 100  
City-St-Zip: GREENVILLE, SC 29601

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: ROY MYERS

MGRM

01/19/2009

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