2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

DOCUMENT# L06000047013

Entity Name: SOMNOMEDICS (USA) LLC

Current Principal Place of Business:

815 PONCE DE LEON BLVD SUITE P-205
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

815 PONCE DE LEON BLVD SUITE P-205
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 14-1984427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAULY, CLEMENS W ESQ
815 PONCE DE LEON BLVD
SUITE P-201
CORAL GABLES, FL 33134 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: P
Name: KUECHLER, GERT P
Address: AM SONNENSTUHL 63
City-St-Zip: RANDERSACKER, GE 97236

Title: MGRM
Name: SOMNOMEDICS GMBH
Address: AM SONNENSTUHL 63
City-St-Zip: RANDERSACKER, GE 97236

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 Statues.

SIGNATURE: DR. GERT KUECHLER P 02/17/2010

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