L06000264258

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS

To:
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Fax Number : (850)205-0380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

2006 OCT 31 AM 10:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SLEEP CENTERS OF SOUTH FLORIDA, LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS ((H06000264258 3))

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Sleep Centers of South Florida, LLC

2. The principal office address: 184th Plaza, Atria Building, Ste 210
Pemroke Pines, FL 33025

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/2/2006 Document number: L06000048656

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON FL 33331

2006 OCT 31 AM 10:24

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____ (Signature of an officer or director) _____ (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

_____ (Signature of Registered Agent) 10/30/2006 (Date)

If signing on behalf of an entity:

Jennifer Malik, Assistant Secretary
(Typed or Printed Name)

*** FILING FEE: $35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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