2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051364

FILED Apr 25, 2007 Secretary of State

Entity Name: CARDIOHEALTH SLEEP CENTER OF NORTH TAMPA, LLC

Current Principal Place of Business: New Principal Place of Business: 14499 NORTH DALE MABRY HIGHWAY 14499 NORTH DALE MABRY HIGHWAY SUITE 250 SUITE 270 TAMPA, FL 33618 TAMPA, FL 33618 US **Current Mailing Address:** New Mailing Address: 14499 NORTH DALE MABRY HIGHWAY 14499 NORTH DALE MABRY HIGHWAY SUITE 250 SUITE 270 TAMPA, FL 33618 TAMPA, FL 33618 US FEI Number: 06-1781690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE. 28TH FL MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition CARDIOHEALTH SLEEP I, NC. Name: Name: Address: Address: 14499 N. DALE MABRY HWY STE 270 City-St-Zip: City-St-Zip: TAMPA, FL 33618 US Title: Title: () Change (X) Addition () Delete Name: Name: ADVANCED CARDIAC MAN, AGEMENT, LLC. Address: Address: 14499 N. DALE MABRY HWY, STE 270 City-St-Zip: City-St-Zip: TAMPA, FL 33618 US

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: PAUL STANLEY MGR 04/25/2007