

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051364

FILED
Mar 09, 2009
Secretary of State

Entity Name: CARDIOHEALTH SLEEP CENTER OF NORTH TAMPA, LLC

Current Principal Place of Business:

13089 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

13083 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

615 W. CARMEL DR, STE 100
CARMEL, IN 46032 US

FEI Number: 06-1781690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEALTHSLEEP, INC
13083 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

Name and Address of New Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MARK BAILEY

03/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEALTHSLEEP, INC.,
Address: 13083 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 33637 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOUTHWEST FLORIDA AC, QUISATION SUBS I DIARY
Address: 615 W. CARMEL DR, STE 100
City-St-Zip: CARMEL, IN 46032 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: CRAIG B. HITTLE

VP

03/09/2009

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