

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000066831

FILED
Nov 03, 2009
Secretary of State

Entity Name: NEW TAMPA SLEEP CENTER LLC

Current Principal Place of Business:

2824 WINDGUARD CIR
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

Current Mailing Address:

13083 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 33637 US

New Mailing Address:

615 WEST CARMEL DRIVE, SUITE 100
CARMEL, IN 46032 US

FEI Number: 20-5143231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: JENNIFER MALIK, ASST SEC TO NRAI
Electronic Signature of Registered Agent

11/03/2009
Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FINAO CORPORATION
Address: 13083 TELECOM PARKWAY NORTH
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FINAO, LLC (SERIES A)
Address: 615 WEST CARMEL DRIVE, SUITE 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: TIMOTHY MILLER, CEO MGRM 11/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date