

FILED
May 22, 2007 8:00 am
Secretary of State

04-26-2007 90027 048 *****55.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000096435					
1. Entity Name DIAGNOSTIC SLEEP SPECIALIST, LLC					
Principal Place of Business 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112			Mailing Address 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">20-5740927</div> <div style="float: right; font-size: 0.8em;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				04132007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE, SUITE 1200 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> <div style="float: right;"><small>DATE</small></div>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty Row]			SVP BUTLER, WILLIAM E. 1125 N. SUMMIT ST CRESCENT CITY, FL 32112		
[Empty Row]			MGR FLETCHER, WARREN D. 1125 N. SUMMIT ST CRESCENT CITY, FL 32112		
[Empty Row]			MGR P HOWARD, KENNETH P. 16164 N.E. 15th PLACE STARK, FL 32091		
[Empty Row]			MGR VP AUSTIN, MATTHEW M. 5585 BROXTON WEST GREEN HWY BROXTON, GA 31519		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>William E. Butler</i> WILLIAM E. BUTLER 4/24/07 (386) 698-3737					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <div style="float: right;"> <small>Date</small> <small>Daytime Phone #</small> </div>					