2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# L06000105590

Entity Name: SLEEP CARE SOLUTIONS OF DC, LLC

Current Principal Place of Business:

200 W. WELBOURNE AVE.
SUITE 8
WINTER PARK, FL 32789

New Principal Place of Business:

1821 LEGION DRIVE
WINTER PARK, FL 32789

Current Mailing Address:

200 W. WELBOURNE AVE.
SUITE 8
WINTER PARK, FL 32789

New Mailing Address:

345 24TH AVENUE NORTH
SUITE 102
NASHVILLE, TN 37203

FEI Number: 20-5756230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, TIMOTHY J
200 W. WELBOURNE AVE.
SUITE 8
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

POWERS, TIMOTHY J
1821 LEGION DRIVE
WINTER PARK, FL 32789 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: TIMOTHY J POWERS 03/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POWERS, TIMOTHY J MR
Address: 200 W WELBORNE AVE STE 8
City-St-Zip: WINTER PARK, FL 32789 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POWERS, TIMOTHY J MR
Address: 1821 LEGION DRIVE
City-St-Zip: WINTER PARK, FL 32789 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 J POWERS PRES 03/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date