

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106046

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** SLEEP CARE SOLUTIONS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1561 W FAIRBANKS AVE  
102  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

5211 LINBAR DRIVE  
SUITE 508  
NASHVILLE, TN 37211

**New Mailing Address:**

**FEI Number:** 20-5792106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POWERS, TIMOTHY J  
1821 LEGION DRIVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM  
Name: POWERS, TIMOTHY J MR  
Address: 1821 LEGION DRIVE  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby 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

MGRM

02/08/2012

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