

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111021

FILED
Apr 09, 2007
Secretary of State

Entity Name: PREMIER SLEEP & LUNG CLINIC, LLC

Current Principal Place of Business:

1409 KINGSLEY AVENUE, BLDG. #4, SUITE A
ORANGE PARK, FL 32073

New Principal Place of Business:

3599 UNIVERSITY BLVD SOUTH
STE 504
JACKSONVILLE, FL 32216 US

Current Mailing Address:

1409 KINGSLEY AVENUE, BLDG. #4, SUITE A
ORANGE PARK, FL 32073

New Mailing Address:

P.O.BOX 550992
JACKSONVILLE, FL 32255 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHEPPARD, SEAN P ESQ
SHEPPARD & SHEPPARD, P.A.
1301 PLANTATION ISLAND DRIVE S., STE. 204
ST. AUGUSTINE, FL 32080 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: PATEL, DINESH D
Address: 3599 UNIVERSITY BLVD SOUTH, STE 504
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DINESH D PATEL

P

04/09/2007

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