

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000123267

1. Entity Name
SLEEPCARE DIAGNOSTIC OF SARASOTA, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV -6 PM 4:18

Principal Place of Business
4780 SOCIALVILLE-FOSTERS ROAD
MASON, OH 45040

Mailing Address
4780 SOCIALVILLE-FOSTERS ROAD
MASON, OH 45040



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

10222007 REIN-LLC CR2E101 (1/07)

4. FEI Number

31-1138782

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SLEEPCARE HOLDINGS, INC.
4780 SOCIALVILLE-FOSTERS ROAD
MASON, OH 45040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Sleepcare Diagnostics, Inc.
4780 Socialville-Fosters Road
Mason OH 45040 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200111578472
11/01/07--01016--011 **150.00 ☐ Change ☐ Addition

TITLE
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REINSTATEMENT 2007

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/23/07 513-459-7750
Date Daytime Phone #