


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90074 019 ***143.75

DOCUMENT # L06000123267	
1. Entity Name SLEEP CARE DIAGNOSTIC OF SARASOTA, LLC	

Principal Place of Business 4780 SOCIALVILLE-FOSTERS ROAD MASON, OH 45040	Mailing Address 4780 SOCIALVILLE-FOSTERS ROAD MASON, OH 45040
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60010832



2. Principal Place of Business - No P.O. Box # 10003 Honore Ave.	3. Mailing Address Suite, Apt. #, etc. STE. 101
City & State Sarasota, FL	City & State City Sarasota
Zip 34238	Country Sarasota

02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 31-1138782	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEEP CARE DIAGNOSTICS, INC. 4780 SOCIALVILLE-FOSTERS ROAD MASON, OH 45040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	James C. Snider 7/08 513-646-7664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #