

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123267

**FILED
Apr 22, 2010
Secretary of State**

Entity Name: SLEEPCARE DIAGNOSTIC OF SARASOTA, LLC

Current Principal Place of Business:

6003 HONORE AVE
STE 101
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

4780 SOCIALVILLE-FOSTERS ROAD
MASON, OH 45040

New Mailing Address:

FEI Number: 31-1138782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: SLEEPCARE DIAGNOSTICS, INC.
Address: 4780 SOCIALVILLE-FOSTERS ROAD
City-St-Zip: MASON, OH 45040

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: AMY BROWN C/O KATZ TELLER AR 04/22/2010

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