

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123267

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** SLEEP CARE 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:**

4780 SOCIALVILLE-FOSTER ROAD  
MASON, OH 45040

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: SLEEP CARE 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: CHERYL STACY ON BEHALF OF MGRM

REP

04/26/2011

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