

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018396

FILED
Jan 08, 2008
Secretary of State

Entity Name: ST. FRANCIS SLEEP, ALLERGY AND LUNG INSTITUTE, L.L.C.

Current Principal Place of Business:

1245 COURT STREET, SUITE 104
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1245 COURT STREET, SUITE 104
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 20-8564074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET, SUITE 104
CLEARWATER, FL 33756 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: MGR () Change (X) Addition
Name: AVERILL, FRANCIS J
Address: 2410 LONG BOW LANE
City-St-Zip: CLEARWATER, FL 33764 US

I hereby certify that the information supplied with this filing does not qualify 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: FRANCIS J. AVERILL

MGR

01/08/2008

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