

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jun 23, 2009
Secretary of State**

DOCUMENT# L07000022435

Entity Name: SAINT PETE SLEEP DIAGNOSTICS LLC

Current Principal Place of Business:

750 94TH AVE N #208
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

750 94TH AVE N #208
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 11-3806024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAHONEY, KIMBERLY
750 94TH AVE N #208
ST. PETERSBURG, FL 33702 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: MAHONEY, KIMBERLY
Address: 750 94TH AVE N #208
City-St-Zip: ST. PETERSBURG, FL 33702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: HAEFELE, SCOTT
Address: 750 94TH AVE N #208
City-St-Zip: ST. PETERSBURG, FL 33702

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY MAHONEY

MGR

06/23/2009

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