

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066409

FILED
Apr 28, 2008
Secretary of State

Entity Name: HEALTHSLEEP CENTER OF JACKSONVILLE, LLC

Current Principal Place of Business:

13083 TELECOM PKWY N.
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

Current Mailing Address:

13083 TELECOM PKWY N.
TEMPLE TERRACE, FL 33637

New Mailing Address:

FEI Number: 26-2161493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDIOHEALTH SLEEP, INC.
13038 TELECOM PKWY N.
TEMPLE TERRACE, FL 33637 US

Name and Address of New Registered Agent:

HEALTHSLEEP, INC.
13083 TELECOM PKWY N.
TEMPLE TERRACE, FL 33637 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: FRED DUGUAY

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARDIOHEALTH SLEEP I, NC.
Address: 13038 TELECOM PKWY N.
City-St-Zip: TEMPLE TERRACE, FL 33637 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HEALTHSLEEP, INC.,
Address: 13083 TELECOM PKWY N.
City-St-Zip: TEMPLE TERRACE, FL 33637 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: FRED DUGUAY

CFO

04/28/2008

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