

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073872

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** CARDIOHEALTH SLEEP OF SOUTH TAMPA LLC

**Current Principal Place of Business:**

13083 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

13083 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 33637

**New Mailing Address:**

**FEI Number:** 32-0209000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUGUAY, FREDERICK  
13083 TELECOM PARKWAY NORTH  
TEMPLE TERRACE, FL 33637 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 ( ) Delete  
Name: CARDIOHEALTH SLEEP, INC.  
Address: 13083 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPE TERRACE, FL 33637

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HEALTHSLEEP, INC.,  
Address: 13083 TELECOM PARKWAY NORTH  
City-St-Zip: TEMPE TERRACE, FL 33637

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: FREDERICK DUGUAY

CFO

04/28/2008

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