

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102206

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** THE SLEEP CENTER OF SARASOTA, LLC

**Current Principal Place of Business:**

1921 WALDEMERE ST  
#705  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

1921 WALDEMERE ST  
#705  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 26-1321957      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FERREIRA, GREGORY J MD  
1921 WALDEMERE ST  
#705  
SARASOTA, FL 34239 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:** LUNG ASSOCIATES OF SARASOTA, LLC  
**Address:** 1921 WALDEMERE ST #705  
**City-St-Zip:** SARASOTA, FL 34239 US

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: GREGORY J FERREIRA MD      MGRM      01/26/2012

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