

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102445

Entity Name: SLEEPSOLVERS, LLC

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

880 NW 13 STREET, STE. 2A
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

880 NW 13 STREET, STE. 2A
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 26-1240935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHORE, MARK H ESQ.
320 SE 9TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

BATTAGLIOLA, HENRY H DC
4910 NW 54TH STREET
COCONUT CREEK, FL 33073 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: HENRY BATTAGLIOLA

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HJB MEDICAL MANAGEME, NT, INC.
Address: 4910 NW 54 STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM (X) Delete
Name: BOCA RATON MEDICAL &, REHAB, INC.
Address: 2706 W. ATLANTIC BLVD.
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

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

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: HENRY BATTAGLIOLA

OWNE

01/04/2008

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