

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102445

Entity Name: SLEEPSOLVERS, LLC

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

851 MEADOWS ROAD  
SUITE 212  
BOCA RATON, FL 33486

**Current Mailing Address:**

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

**New Mailing Address:**

851 MEADOWS ROAD  
SUITE 212  
BOCA RATON, FL 33486

FEI Number: 26-1240935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BATTAGLIOLA, HENRY H DC  
4910 NW 54TH STREET  
COCONUT CREEK, FL 33073 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: HJB MEDICAL MANAGEMENT, INC.  
Address: 4910 NW 54 STREET  
City-St-Zip: COCONUT CREEK, FL 33073

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: HENRY BATTAGLIOLA, DC

MGMB

04/27/2011

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