

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000105056

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** SLEEP WELL ANESTHESIA LLC

**Current Principal Place of Business:**

2525 AZZURRA LANE  
OCOE, FL 34761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2525 AZZURRA LANE  
OCOE, FL 34761 US

**New Mailing Address:**

**FEI Number:** 33-1190817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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:** OTTATI, RICHARD B  
**Address:** 2525 AZZURRA LANE  
**City-St-Zip:** OCOE, FL 34761 US

**Title:** MGRM  
**Name:** OTTATI, DORA C  
**Address:** 2525 AZZURRA LANE  
**City-St-Zip:** OCOE, FL 34761 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:** RICHARD B OTTATI

MGRM

01/22/2010

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