2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000113446

Entity Name: SLEEP DISORDERS SPECIALISTS PLLC

FILED Nov 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3314 GATOR BAY CREEK BLVD 1269 FOXRIDGE PL SAINT CLOUD, FL 34772 MELBOURNE, FL 32940

Current Mailing Address: New Mailing Address:

3314 GATOR BAY CREEK BLVD 751 ASHBURRY AVE SAINT CLOUD, FL 34772 MELBOURNE, FL 32940

FEI Number: 26-1383436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PINTO, MARCO A
3314 GATOR BAY CREEK BLVD
SAINT CLOUD, FL 34772 US
PINTO, MARCO A
751 ASHBURRY AVE
MELBOURNE, FL 32940 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: MARCO PINTO 11/17/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: DR () Delete Title: DR (X) Change () Addition

 Name:
 PINTO, MARCO A DR
 Name:
 PINTO, MARCO A DR

 Address:
 3314 GATOR BAY CREEK BLVD
 Address:
 751 ASHBURRY AVE

 City-St-Zip:
 SAINT CLOUD, FL 34772 US
 City-St-Zip:
 MELBOURNE, FL 32940 US

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: MARCO PINTO DR 11/17/2009