

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113446

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** SLEEP DISORDERS SPECIALISTS PLLC

**Current Principal Place of Business:**

1269 FOXRIDGE PL  
MELBOURNE, FL 32940

**New Principal Place of Business:**

6450 N. WICKHAM RD  
MELBOURNE, FL 32940

**Current Mailing Address:**

751 ASHBURRY AVE  
MELBOURNE, FL 32940

**New Mailing Address:**

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

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

PINTO, MARCO A  
751 ASHBURRY AVE  
MELBOURNE, FL 32940      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:** DR  
**Name:** PINTO, MARCO A DR  
**Address:** 751 ASHBURRY AVE  
**City-St-Zip:** MELBOURNE, FL 32940 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: MARCO PINTO

DR

04/26/2010

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