

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121882

FILED
Jun 05, 2008
Secretary of State

Entity Name: SLEEP DISORDER SOLUTIONS PORT ST. LUCIE, LLC

Current Principal Place of Business:

252 NW LAKE WHITNEY PLACE
BLDG P - STE 103
PORT ST LUCIE, FL 34986

New Principal Place of Business:

525 NW LAKE WHITNEY PLACE
BLDG P - STE 103
PORT ST LUCIE, FL 34986

Current Mailing Address:

252 NW LAKE WHITNEY PLACE
BLDG P - STE 103
PORT ST LUCIE, FL 34986

New Mailing Address:

525 NW LAKE WHITNEY PLACE
BLDG P - STE 103
PORT ST LUCIE, FL 34986

FEI Number: 26-2058482 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

MAHABIR-HERRERA, NICOLE
252 NW LAKE WHITNEY PLACE
BLDG P - STE 103
PORT ST LUCIE, FL 34986 US

Name and Address of New Registered Agent:

MAHABIR-HERRERA, NICOLE DIR
525 NW LAKE WHITNEY PLACE
BLDG P - STE 103
PORT ST LUCIE, FL 34986 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: NICOLE MAHABIR-HERRERA

06/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: B.S.A.M. HOLDINGS, I, NC.
Address: 10033 SW BROOKGREEN DR
City-St-Zip: PORT ST LUCIE, FL 34987

Title: MGRM () Delete
Name: SLEEP DISORDER SOLUT, IONS, INC.
Address: 13230 SW 132 AVE - BAY 28
City-St-Zip: MIAMI, FL 33186

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: NICOLE MAHABIR-HERRERA

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06/05/2008

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