

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121882

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-2058482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHABIR-HERRERA, NICOLE DIR
525 NW LAKE WHITNEY PLACE
BLDG P - STE 103
PORT ST LUCIE, FL 34986 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 () Delete
Name: B.S.A.M. HOLDINGS, I, NC.
Address: 10033 SW BROOKGREEN DR
City-St-Zip: PORT ST LUCIE, FL 34987

ADDITIONS/CHANGES:

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

MGRM

01/16/2009

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