# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 07, 2009**
**Secretary of State**

DOCUMENT# L08000046611

**Entity Name:** DORAL CENTER FOR SLEEP DISORDER LLC

**Current Principal Place of Business:**

10454 N.W. 31ST TERRACE
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10454 N.W. 31ST TERRACE
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number: 26-2632929** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BINIMELIS, DORA
10454 N.W. 31ST TERRACE
MIAMI, FL 33172 US

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

BETANCOURT, NAYIBE
10454 N.W. 31ST TERRACE
MIAMI, FL 33172 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: BETANCOURT NAYIBE 04/07/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: BETANCOURT, SERGIO
Address: 10454 N.W. 31ST TERRACE
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete
Name: BINIMELIS, DORYS
Address: 10454 N.W. 31ST TERRACE
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: BETANCOURT, NAYIBE
Address: 10454 N.W. 31ST TERRACE
City-St-Zip: MIAMI, FL 33172

Title: MGRM (X) Change ( ) Addition
Name: MOYA, ROBERTO
Address: 10454 N.W. 31ST TERRACE
City-St-Zip: MIAMI, FL 33172

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: NAYIBE BETANCOURT P 04/07/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date