

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046611

FILED
Apr 25, 2011
Secretary of State

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:

BETANCOURT, NAYIBE
10454 N.W. 31ST TERRACE
MIAMI, FL 33172 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
Name: BETANCOURT, NAYIBE
Address: 10454 N.W. 31ST TERRACE
City-St-Zip: MIAMI, FL 33172

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: NAYIBE BETANCOURT

MGRM

04/25/2011

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