2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 02, 2009
Secretary of State

DOCUMENT# L08000077188

Entity Name: CENTER FOR SLEEP & PULMONARY MEDICINE, L.L.C.

Current Principal Place of Business:

6101 PINE RIDGE ROAD
NAPLES, FL 34119

New Principal Place of Business:

700 2ND AVE NORTH
305
NAPLES, FL 34102

Current Mailing Address:

6101 PINE RIDGE ROAD
NAPLES, FL 34119

New Mailing Address:

700 2ND AVE NORTH
305
NAPLES, FL 34102

FEI Number: 26-3214169 **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:

PETUSEVSKY, MITCHELL L
6101 PINE RIDGE ROAD
NAPLES, FL 34119 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: MITCHELL PETUSEVSKY

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PETUSEVSKY, MITCHELL L
Address: 6101 PINE RIDGE ROAD
City-St-Zip: NAPLES, FL 34119

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: MITCHELL PETUSEVSKY MGR 10/02/2009

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