

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000002819

**FILED
Mar 15, 2011
Secretary of State**

Entity Name: BREATHING DISORDER CENTERS, LLC

Current Principal Place of Business:

4849 LAKE WORTH ROAD
2ND FLOOR
GREEN ACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

4849 LAKE WORTH ROAD
2ND FLOOR
GREEN ACRES, FL 33463

New Mailing Address:

FEI Number: 26-4016868 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABISSIERE, JEAN CLAUDE MD
9195 COLLINS AVENUE
SURFSIDE, FL 33454 US

Name and Address of New Registered Agent:

LABISSIERE, JEAN CLAUDE MD
3360 S. OCEAN BLVD
2HS
PALM BEACH, FL 33480 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:

03/15/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LABISSIERE, JEAN CLAUDE MD
Address: 4849 LAKE WORTH ROAD
City-St-Zip: GREEN ACRES, FL 33463

Title: MGR
Name: MAYARD-PAUL, MIRTHO RN
Address: 4849 LAKE WORTH RD
City-St-Zip: GREENACRES, FL 33463

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: JEAN-CLAUDE LABISSIERE

DR

03/15/2011

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