

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011288

FILED
Sep 15, 2010
Secretary of State

Entity Name: PEDIATRIC SLEEPSOLVERS LLC

Current Principal Place of Business:

880 NW 13 ST
2A
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

880 NW 13 ST
2A
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARENSTEIN, JON
7438 ST ANDREWS RD
LAKE WORTH, FL 33467 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: HJB MEDICAL MGT INC
Address: 4910 NW 54 ST
City-St-Zip: COCOANUT CREEK, FL 33073

Title: MGR
Name: JON ARENSTEIN MD INC
Address: 7438 ST ANDREWS RD
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR
Name: FLORIDA PEDIATRIC CRITICAL CARE PA
Address: 17105 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

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: HENRY BATTAGLIOLA MGRM 09/15/2010

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