

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039342

FILED
Apr 22, 2010
Secretary of State

Entity Name: AMERICAN SLEEP MEDICINE, LLC

Current Principal Place of Business:

7900 BELFORT PKWY
STE 300
JACKSONVILLE, FL 32256

New Principal Place of Business:

7900 BELFORT PKWY
STE 301
JACKSONVILLE, FL 32256

Current Mailing Address:

7900 BELFORT PKWY
STE 300
JACKSONVILLE, FL 32256

New Mailing Address:

7900 BELFORT PKWY
STE 301
JACKSONVILLE, FL 32256

FEI Number: 26-4730494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZADEH, ROW J
7900 BELFORT PKWY
STE 300
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

ZADEH, ROW
7900 BELFORT PKWY
STE 301
JACKSONVILLE, FL 32256 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: ROW ZADEH

04/22/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CFO
Name: RICHIE, CHRISTINE M
Address: 7900 BELFORT PARKWAY, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES
Name: KING, ANDREW
Address: 7900 BELFORT PARKWAY, SUITE 301
City-St-Zip: JACKSONVILLE, FL 32256

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: CHRISTINE RICHIE

CFO

04/22/2010

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