2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2010
Secretary of State

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Entity Name: DREAMZ SLEEP DISORDERS CENTER, LLC

Current Principal Place of Business:

950 TAMIAMI TRAIL
103
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

Current Mailing Address:

26458 EXPLORER ROAD
PUNTA GORDA, FL 33983 US

New Mailing Address:

FEI Number: 30-0588918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHEY, JANICE
26458 EXPLORER ROAD
PUNTA GORDA, FL 33983 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: MGR
Name: MCSHANE, PATRICK J JR.
Address: 2594 VINEYARD CIRCLE
City-St-Zip: NORTH PORT, FL 34288

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 Statues.

SIGNATURE: JANICE MATHEY MGR 04/23/2010

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