

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089405

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** DORAL CENTER FOR SLEEP DISORDER HOLDINGS, LLC

**Current Principal Place of Business:**

10454 N.W. 31ST TERRACE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10454 N.W. 31ST TERRACE  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 27-2482244      **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:**

OSCAR GRISALES-RACINI, ESQ.  
2999 N.E. 191ST STREET  
CONCORDE CENTRE II, PH-8  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

FRANCO, KATHERINE  
10454 NW 31 TERR  
DORAL, FL 33172 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: FRANCO, KATHERINE

05/03/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: FRANCO, KATHERINE  
Address: 10454 N.W. 31ST TERRACE  
City-St-Zip: MIAMI, FL 33172

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: FRANCO, KATHERINE

PRES

05/03/2010

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