

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000119187

FILED
Apr 20, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA SLEEP MEDICINE, LLC

Current Principal Place of Business:

401 NORTH BLVD., WEST
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

401 NORTH BLVD., WEST
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 27-1490114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
202 SOUTH ROME AVENUE
SUITE 100
TAMPA, FL 33606 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: GUPTA, RAVI P
Address: 401 NORTH BOULEVARD, WEST
City-St-Zip: LEESBURG, FL 34748 US

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: RAVI P GUPTA

PRES

04/20/2011

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