

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000095006

FILED
Jan 18, 2012
Secretary of State

Entity Name: HEALTHCARE PERFORMANCE SLEEP RESOURCES LLC

Current Principal Place of Business:

3471 NORTH FEDERAL HIGHWAY
SUITE #506
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

3471 NORTH FEDERAL HIGHWAY
SUITE #506
FORT LAUDERDALE, FL 33306

New Mailing Address:

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

Name and Address of Current Registered Agent:

REYNOLDS, KEVIN CPA
2401 NW BOCA RATON BOULEVARD
BOCA RATON, FL 33431 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: ALTMANN, ANTHONY
Address: 3471 NORTH FEDERAL HIGHWAY SUITE# 506
City-St-Zip: FT LAUDERDALE, FL 33306 US

Title: MGR
Name: MELI, RICHARD MD
Address: 3471 NORTH FEDERAL HWY SUITE# 506
City-St-Zip: FT LAUDERDALE, FL 33306 US

Title: MGR
Name: HARTER, JOHN
Address: 3471 NORTH FEDERAL HWY SUITE# 506
City-St-Zip: FT LAUDERDALE, FL 33306 US

Title: MGR
Name: STAMER, WILLIAM
Address: 3471 NORTH FEDERAL HWY SUITE# 506
City-St-Zip: FT LAUDERDALE, FL 33306 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: RICHARD MELI, MD PRES 01/18/2012

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