

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000112744

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** PASCO SLEEP CENTER, LLC

**Current Principal Place of Business:**

5453 GULF DR  
# 3  
NEW PORT RICHEY, FL 346520917

**New Principal Place of Business:**

**Current Mailing Address:**

5453 GULF DR  
# 3  
NEW PORT RICHEY, FL 346520917

**New Mailing Address:**

**FEI Number:** 27-3855266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GULECAS, JAMES F ESQ  
1968 BAYSHORE BLVD  
DUNEDIN, FL 34698 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:** KUMAR, ALOK  
**Address:** 5453 GULF DR - #3  
**City-St-Zip:** NEW PORT RICHEY, FL 346520917

**Title:** MGR  
**Name:** SALIAN, NAGESH  
**Address:** 5453 GULF DR - #3  
**City-St-Zip:** NEW PORT RICHEY, FL 346520917

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:** NAGESH SALIAN

MGR

01/31/2011

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