

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077033

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SLEEP DISORDERS CENTER FLORIDA @ PORT ST. LUCIE, LLC

**Current Principal Place of Business:**

150 CHAMBER COURT, SUITE 203  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

150 CHAMBER COURT, SUITE 203  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 45-2704487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEC CONSULTANTS, INC.  
BRIDGEWATER, 1515 INDIAN RIVER BLVD  
SUITE A-210  
VERO BEACH, FL 329607103 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: MMBA  
Name: SUEN, JOHN  
Address: 150 SW CHAMBER CT, SUITE 203  
City-St-Zip: PORT ST LUCIE, FL 34986

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: JOHN SUEN

MMBA

04/23/2012

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