

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000145164

FILED
May 02, 2012
Secretary of State

Entity Name: SLEEP APNEA TREATMENT CENTERS OF AMERICA FRANCHISING, LLC

Current Principal Place of Business:

201 E. KENNEDY BLVD.
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 E. KENNEDY BLVD.
TAMPA, FL 33602

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER, SCOTT P
402 KNIGHTS RUN AVENUE
SUITE 150
TAMPA, FL 33602 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: SILVEIRA, JEFFREY L
Address: 201 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: MGRM
Name: ST. LOUIS, JIMMY
Address: 201 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

Title: MGRM
Name: DALY, JAMES A III
Address: 201 E. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602

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: LACI HARRIS

ADMI

05/02/2012

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