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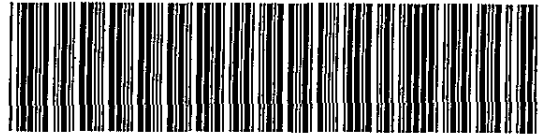
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W04-34083



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SEAL OF THE STATE  
TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 13, 2004

UNITED SLEEP MEDICINE, L.L.C.  
5821 FAIRVIEW ROAD, SUITE 415  
CHARLOTTE, NC 28207

SUBJECT: UNITED SLEEP MEDICINE, L.L.C.  
Ref. Number: W04000034083

We have received your document for UNITED SLEEP MEDICINE, L.L.C. and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1050.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 204A00054501

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. United Sleep Medicine, L.L.C.  
(Name of foreign limited liability company)

2. North Carolina 3. 56-2063407  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 7, 1998 5. December 31, 2048  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 4/23/2003  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 5821 Fairview Road, Suite 415  
Charlotte, NC 28207  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:  
Stephen C. Hardy, M.D., Ph.D, Ed Payne, Fred Singer, T. Hemanth Rao, M.D.  
Address for all: 5821 Fairview Road, Suite 415  
Charlotte, NC 28207

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Sleep medicine  
laboratory

Fred G. Singer  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(6), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
FRED G. SINGER  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

United Sleep Medicine, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

NCH HEALTHCARE SYSTEM SLEEP LAB - Attn: JEFF HEINRICH  
(Name)

350 7th Street North

Florida street address (P.O. Box **NOT** ACCEPTABLE)

NAPLES

FL

34102

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Jeff Heinrich  
(Signature)

\$ 100.00 ✓ Filing Fee for Application  
\$ 25.00 ✓ Designation of Registered Agent  
\$ 30.00 ✓ Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)



# NORTH CAROLINA

## Department of The Secretary of State

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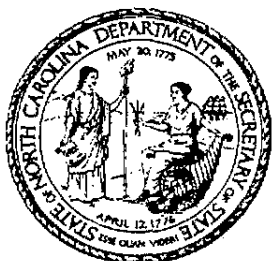
### CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

**UNITED SLEEP MEDICINE, L.L.C.**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 7th day of October, 1998, with its period of duration being DEC 2048.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 3rd day of September, 2004

*Elaine F. Marshall*

Secretary of State