


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 18 PM 12:04

DOCUMENT # M04000004014					
1. Entity Name UNITED SLEEP MEDICINE, L.L.C.					
Principal Place of Business 5821 FAIRVIEW ROAD, SUITE 415 CHARLOTTE, NC 28207			Mailing Address 5821 FAIRVIEW ROAD, SUITE 415 CHARLOTTE, NC 28207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2063407	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NCH HEALTHCARE SYSTEM SLEEP LAB ATTN: JEFF HEINRICH 350 7TH STREET NORTH NAPLES, FL 34102			Name Cynthia J. Kistner, RPSGT/REGT Street Address (P.O. Box Number is Not Acceptable) 1600 Balmoral Drive City Clearwater FL Zip Code 33756		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Cynthia J. Kistner</i> Signature, typed or printed name of registered agent and title if applicable.			DATE 11/11/05 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDY, STEPHEN C MD PHD 5821 FAIRVIEW ROAD, SUITE 415 CHARLOTTE, NC 28207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr/Mbr Payne, Ed 5821 Fairview Road, Suite 415 Charlotte, NC 28207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAO, T. HEMANTH M.D. 5821 FAIRVIEW ROAD, SUITE 415 CHARLOTTE, NC 28207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr/Mbr Singer, Fred 5821 Fairview Road, Suite 415 Charlotte, NC 28207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00006155500 11/18/05--01059--026 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Fred G. Singer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE: 11/14/05 DAYTIME PHONE: 704-927-4850		