

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002287

FILED
Mar 26, 2008
Secretary of State

Entity Name: SLEEP CARE SOLUTIONS OF MIAMI, LLC

Current Principal Place of Business:

200 WEST WELBORNE AVE., SUITE #8
WINTER PARK, FL 32789

New Principal Place of Business:

1821 LEGION DRIVE
WINTER PARK, FL 32789

Current Mailing Address:

200 WEST WELBORNE AVE., SUITE #8
WINTER PARK, FL 32789

New Mailing Address:

345 24TH AVENUE NORTH
SUITE 102
NASHVILLE, TN 37203

FEI Number: 42-1602499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, TIMOTHY
200 WEST WELBORNE AVE., SUITE #8
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

POWERS, TIMOTHY
1821 LEGION DRIVE
WINTER PARK, FL 32789 US

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: TIMOTHY J POWERS

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLEEP CARE SOLUTIONS, , LLC
Address: 200 WEST WELBORNE AVE., SUITE #8
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SLEEP CARE SOLUTIONS, , LLC
Address: 1821 LEGION DRIVE
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY J POWERS

PRES

03/26/2008

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