

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002287

FILED
Mar 23, 2011
Secretary of State

Entity Name: SLEEP CARE SOLUTIONS OF MIAMI, LLC

Current Principal Place of Business:

5995 SW 71ST ST
3RD FLOOR
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

5211 LINBAR DRIVE
SUITE 508
NASHVILLE, TN 37211

New Mailing Address:

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
1821 LEGION DRIVE
WINTER PARK, FL 32789 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: MGR
Name: SLEEP CARE SOLUTIONS, LLC
Address: 1821 LEGION DRIVE
City-St-Zip: WINTER PARK, FL 32789

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: TIMOTHY J POWERS

MGR

03/23/2011

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