

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002287

**FILED**  
**Feb 08, 2012**  
**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

02/08/2012

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