

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90184 021 \*\*\*\*55.00

**DOCUMENT # M06000003993**

1. Entity Name  
**SLEEP DISORDER CENTER OF BONITA SPRINGS, LLC**



Principal Place of Business  
**5261 JACKSON RD  
FT MYERS, FL 33905**

Mailing Address  
**5261 JACKSON RD  
FT MYERS, FL 33905**

**DO NOT WRITE IN THIS SPACE**



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number **20-5204525**  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NELSON, J MICHAEL  
5261 JACKSON ROAD  
FT MYERS, FL 33905**

**DO NOT WRITE  
IN THIS SPACE**

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

*Michael Nelson* **4/9/07**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MIKE'S MASKS AND MORE, INC.  
5261 JACKSON RD  
FT MYERS, FL 33905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NELSON, J MICHAEL  
5261 JACKSON RD  
FT MYERS, FL 33905**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Michael Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/9/07* **239-218-5226**

Date

Daytime Phone #