

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000004181

FILED
Oct 27, 2009
Secretary of State

Entity Name: SLEEP DISORDER CENTER OF ESTERO, LLC

Current Principal Place of Business:

101 CONVENTION CENTER DR, NCH
LAS VEGAS, NV 89109

New Principal Place of Business:

Current Mailing Address:

101 CONVENTION CENTER DR, NCH
LAS VEGAS, NV 89109

New Mailing Address:

13670 METROPOLIS AVE
SUITE #101
FORT MYERS, FL 33912

FEI Number: 20-5257255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NELSON, J. MICHAEL
5261 JACKSON RD
FT. MYERS, FL 33905 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: J. MICHAEL NELSON

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NELSON, J. MICHAEL
Address: 5261 JACKSON RD
City-St-Zip: FT. MYERS, FL 33905

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: J. MICHAEL NELSON

MGR

10/27/2009

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