2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

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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:

13670 METROPOLIS AVE
SUITE #101
FORT MYERS, FL 33912

New Mailing Address:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGR
Name: HANNON, HOLLY C
Address: 13670 METROPOLIS AVENUE
City-St-Zip: FORT MYERS, FL 33912 US

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 Statues.

SIGNATURE: J MICHAEL NELSON MGRM 04/30/2011

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