

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006291

FILED
Apr 23, 2007
Secretary of State

Entity Name: CITRUS SLEEP DISORDERS CENTER, LLC

Current Principal Place of Business:

3733 EAST GULF TO LAKE HWY
INVERNESS, FL 34442

New Principal Place of Business:

Current Mailing Address:

3733 EAST GULF TO LAKE HWY
INVERNESS, FL 34442

New Mailing Address:

FEI Number: 20-5694303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIREMATH, UDAY
3733 EAST GULF TO LAKE HWY
INVERNESS, FL 34442 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 () Delete
Name: ABRAHAM, SUNOI
Address: 1324 N CIRCUS TERRACE
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ABRAHAM, SUNOJ
Address: 1324 N CIRCUS TERRACE
City-St-Zip: HERNANDO, FL 34442

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: SUNOJ ABRAHAM

MGR

04/23/2007

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