

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004965

**FILED**  
**May 13, 2011**  
**Secretary of State**

**Entity Name:** SLEEP TESTING SERVICES, LLC

**Current Principal Place of Business:**

12027 WHITEMARSH LANE  
TAMPA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

2895 HIGHWAY 190, #223  
MANDEVILLE, LA 70471

**New Mailing Address:**

**FEI Number:** 27-0906315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** GREMILLION, PAUL  
**Address:** 2895 HIGHWAY 190  
**City-St-Zip:** MANDEVILLE, LA 70471

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: PAUL GREMILLION

PRES

05/13/2011

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