

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004967

**FILED**  
**Sep 10, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

12027 WHITEMARSH LANE  
TAMPA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

2895 HWY 190 #223  
MANDEVILLE, LA 70471

**New Mailing Address:**

2895 HWY 190  
MANDEVILLE, LA 70471

**FEI Number:** 27-0906448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES INC  
2731 EXECUTIVE PARK DR STE 4  
WESTON, FL 33331 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 HWY 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

09/10/2010

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