2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2011
Secretary of State

DOCUMENT# M09000004967

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
MANDEVILLE, LA 70471

New Mailing Address:

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
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 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 Statues.

SIGNATURE: PAUL GREMILLION PRES 05/13/2011

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