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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M78584 (3)

1. Corporation Name
TALLAHASSEE SLEEP DISORDER CENTER, P.A.

Principal Place of Business
1401 CENTERVILLE RD #710
TALLAHASSEE FL 32308

Mailing Address
1401 CENTERVILLE RD #710
TALLAHASSEE FL 32308-4692

3. Date Incorporated or Qualified 04/22/1988
3a. Date of Last Report 02/06/1996

4. FEI Number 59-2889469
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc:

26 Suite, Apt #, etc:

22 1304 Hodges Drive
City & State

27 1304 Hodges Drive
City & State

23 Tallahassee, FL

28 Tallahassee, FL

24 Zip 32308 Country LEON

29 Zip 32308 Country LEON

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLADE, GEORGE F.
1401 CENTERVILLE RD #710
TALLAHASSEE FL 32308

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SLADE, GEORGE F.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1401 CENTERVILLE RD #710	1304 Hodges Drive	1.3 STREET ADDRESS	
TALLAHASSEE FL		1.4 CITY - ST - ZIP	
V	SLADE, LINDA	2.1 TITLE	2.2 NAME
1401 CENTERVILLE RD #710	1304 Hodges Drive	2.3 STREET ADDRESS	
TALLAHASSEE FL		2.4 CITY - ST - ZIP	
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)