

# M 78584

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TALLAHASSEE SLEEP DISORDER CENTER, INC.  
(Name of corporation)

DOCUMENT NUMBER: M78584

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Frank Angerame

(Name of person)

CyberCare, Inc.

(Name of firm/company)

2500 Quantum Lakes Drive, Ste. 1000

(Address)

Boynton Beach, FL 33426

(City/state and zip code)

For further information concerning this matter, please call:

Frank Angerame

(Name of person)

at ( 561 ) 742-5000

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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02 SEP -6 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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kchq

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA