M 18584

TRANSMITTAL LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT:	TALLAHASSEE SLEEP DISORDER CENTER	, INC.	-	_	
	(Name of corporati	ion)			
DOCUMENT	NUMBER: M78584				
The enclosed S	Statement of Change of Registered Office/As	gent and fe	ee are submi	itted for filing.	•
Please return a	Il correspondence concerning this matter to	he follow	ing:		
Fr	ank Angerame				
	(Name of person)	-			
CyberCare, Inc.			100	007567 -09/06/02-	'5818
	(Name of firm/company)			*****35.00	
25	00 Quantum Lakes Drive, Ste. 1000	-			
	(Address)				•
, Во	ynton Beach, FL 33426	5	<u>:</u> ,		
,	(City/state and zip code)		·	• • •	 -
For further info	ormation concerning this matter, please call:				
Frank Ange	ai ()	-5000		
	(Name of person) (Area cod	e & daytim	ne telephone i	number)	
Enclosed is a \$	35.00 check made payable to the Departmen	t 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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SECRETARY OF STATE
NHASSEF, FLORIDA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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.
1. The name of the corporation: TALLAHASSEE SLEEP DISORDER CENTER, INC.
2. The principal office address: 2013 MICCOSUKEE ROAD
TALLAHASSEE, FL 32308
3. The mailing address (if different): 2500 QUANTUM LAKES DRIVE, STE. 1000 BOYNTON BEACH, FL 33426
4. Date of incorporation/qualification: 4/25/88 Document number: M78584
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Rodger L. Hochman
2500 Quantum Lakes Drive, Ste. 1000
Boynton Beach, FL 33426
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Frank Angerame 2500 Quantum Lakes Drive, Ste. 1000 (P.O. Box or personal mailbox NOT acceptable) Boynton Beach, FL 33426
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board of the corporation has been notified in writing of the change. I ANA J. PUSATERI PRESIDENT Signature of art officer, thatman or vice chairman of the board) Thereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to the proper and complete berformance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Frank Avalance Acoust 20, 200 8
(Signature of Registered Agent) f signing on behalf of an entity: (Date)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * * Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Boy 6327, Tallahassee, Fl. 32314