


2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

| | | | |
|--|---------------------------|--|--------------------------|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 588.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # M96000000083 BAY AREA SLEEP DIAGNOSTIC CENTER, L.L.C. 3802 ERLICH ROAD, SUITE 307 TAMPA FL 33624 | |
| 2. Principal Place of Business | | 1a. Principal Place of Business Address | |
| Suite, Apt. #, etc. | | 3802 ERLICH ROAD, SUITE 307 TAMPA FL 33624 | |
| City & State | | 3. Date Organized or Qualified 03/14/1996 | |
| Zip | | 3a. State of Formation LA | |
| Country | | 4. FEI Number 72-1311990 | |
| 5. Date of Last Report 06/02/1997 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of Current Registered Agent | | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| KILLMER, EDWARD J 3802 ERLICH ROAD, SUITE 307 TAMPA FL 33624 | | 8. Name and Address of New Registered Agent/Office | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, etc. | |
| | | City | |
| | | Zip Code FL | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | |
| SIGNATURE _____ | | DATE _____ | |
| (Please Print Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | KIILLMER, EDWARD J | 3334 HANDY ROAD APT 324 | TAMPA FL |
| | | 700002639797--9 -09/15/98--01054--010 ****\$88.75 ****\$88.75 | |
| | | dec | |

11. 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 is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #