

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M96000000083

FILED  
Jan 09, 2002 8:00 AM  
Secretary of State

**Entity Name:** BAY AREA SLEEP DIAGNOSTIC CENTER, L.L.C.

## Current Principal Place of Business:

3802 ERLICH ROAD, SUITE 307  
TAMPA, FL 33624

## New Principal Place of Business:

3802 EHRlich ROAD, SUITE 307  
TAMPA, FL 33624

## Current Mailing Address:

3802 ERLICH ROAD, SUITE 307  
TAMPA, FL 33624

## New Mailing Address:

3802 EHRlich ROAD, SUITE 307  
TAMPA, FL 33624

FEI Number: 72-1311990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARD KILLMER  
3802 ERLICH ROAD, SUITE 307  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

EDWARD KILLMER  
3802 EHRlich ROAD, SUITE 307  
TAMPA, FL 33624 US

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: EDWARD KILLMER

01/09/2002

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: KILLMER, EDWARD J  
Address: 3802 ERLICH ROAD, SUITE 307  
City-St-Zip: TAMPA, FL 33624

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 Statutes.

SIGNATURE: EDWARD KILLMER

MGRM

01/09/2002

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