2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005
Secretary of State

DOCUMENT# M96000000083

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

Current Principal Place of Business:

3802 EHRLICH ROAD, SUITE 307
TAMPA, FL 33624

New Principal Place of Business:

1323 W FLETCHER AVE
TAMPA, FL 33612

Current Mailing Address:

3802 EHRLICH ROAD, SUITE 307
TAMPA, FL 33624

New Mailing Address:

1323 W FLETCHER AVE
TAMPA, FL 33612

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 J JR.
3802 EHRLICH ROAD, SUITE 307
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

EDWARD, KILLMER J JR.
1323 W FLETCHER AVE
TAMPA, FL 33612 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: 03/09/2005
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: MGRM (X) Change ( ) Addition
Name: KILLMER, EDWARD J
Address: 1323 W FLETCHER AVE
City-St-Zip: TAMPA, FL 33612

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 03/09/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date