

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021428

FILED  
Mar 01, 2005  
Secretary of State

Entity Name: SLEEP CARE CENTERS OF AMERICA, INC.

**Current Principal Place of Business:**

1409 KINGLESY AVENUE  
BLDG 2  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2183  
ORANGE PARK, FL 32067

**New Mailing Address:**

FEI Number: 59-3629782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MUYRES, DAVID J  
2412 STOCKTON DRIVE  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: MUYERS, DAVID J  
Address: 2412 STOCKTON DRIVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: ASPINWALL, ROBERT V  
Address: 8430 COMMONWEALTH AVENUE  
City-St-Zip: JACKSONVILLE, FL 32220

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. MUYRES

PRES

03/01/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date