

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021428

FILED  
May 04, 2010  
Secretary of State

Entity Name: SLEEP CARE CENTERS OF AMERICA, INC.

**Current Principal Place of Business:**

1409 KINGSLEY AVENUE  
BLDG 4  
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:**

MUYRES, DAVID J  
2412 STOCKTON DRIVE  
FLEMING ISLAND, FL 32003 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:

05/04/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: MUYRES, DAVID J  
Address: 2412 STOCKTON DRIVE  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: DAVID MUYRES

DPS

05/04/2010

Electronic Signature of Signing Officer or Director

Date