

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000037861

1. Entity Name
SLEEP MEDICINE ASSOCIATES, INC.



FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90086 046 ***550.00

Principal Place of Business
1480 COMMERCE BLVD
LAKE CITY FL 32055

Mailing Address
1307 RIVER HILLS CIRCLE EAST #6
JACKSONVILLE FL 32211



2. Principal Place of Business

4130 Salisbury Rd
Suite, Apt. #, etc.
2600

3. Mailing Address

7835 Chase Meadows Dr
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-3603019

Applied For
Not Applicable

Zip
32216

Country
DUAL

Zip
32256

Country
DUAL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZACHARY, MIKE
1307 RIVER HILLS CIRCLE EAST #6
JACKSONVILLE FL 32211

Name

Street Address (P.O. Box Number is Not Acceptable)

7835 Chase Meadows Dr

City JACKSONVILLE

FL

Zip Code 32256

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mike Zachary* Mike Zachary

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ZACHARY, MIKE
STREET ADDRESS 1307 RIVER HILLS CIRCLE #6
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I 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 report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mike Zachary* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 904 281-1066
Date Daytime Phone #

CR2E034 (10/02)