

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040727

FILED
Jul 09, 2007
Secretary of State

Entity Name: CORAL SPRINGS SLEEP MEDICINE, INC.

Current Principal Place of Business:

2855 N. UNIVERSITY DR. STE 200
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

2855 N. UNIVERSITY DR. STE 200
CORAL SPRINGS, FL 33065 US

New Mailing Address:

1120 YOUNGS ROAD
WILLIAMSVILLE, NY 14221 US

FEI Number: 65-1097754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, BRIAN PA
TWO SOUTH UNIVERSITY DRIVE
SUITE -215
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PATRICIA M RICE

07/09/2007

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: D () Delete
Name: IGNASIAK, WALTER
Address: 2855 N. UNIVERSITY DRIVE, SUITE-200
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: RIFKIN, DANIEL
Address: 2855 N. UNIVERSITY DRIVE, SUITE-200
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DANIEL I RIFKIN M.D.

MGRM

07/09/2007

Electronic Signature of Signing Officer or Director

Date