

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000040727

**FILED**  
**Jan 17, 2011**  
**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:**

1500 N. UNIVERSITY DRIVE  
SUITE 202  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

1120 YOUNGS ROAD  
WILLIAMSVILLE, NY 14221 US

**New Mailing Address:**

**FEI Number:** 65-1097754      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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

**OFFICERS AND DIRECTORS:**

**Title:** MGRM  
**Name:** RIFKIN, DANIEL  
**Address:** 1500 N. UNIVERSITY DR, SUITE 202  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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: DANIEL RIFKIN

DR

01/17/2011

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

\_\_\_\_\_  
Date