2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90266 047 ***163.75

DOCUMENT # P02000049712

1. Entity Name
COMMUNITY SLEEP DISORDERS CENTERS OF AMERICA INC.

44026254

03022004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
310 WEST CENTRAL PARKWAY STE 7500 ALTAMONTE SPRINGS, FL 32714	310 WEST CENTRAL PARKWAY STE 7500 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business	3. Mailing Address
388 Gilston Court Suite, Apt. #, etc.	388 Gilston Court Suite, Apt. #, etc.
City & State: Heathrow, FL	City & State: Heathrow, FL
Zip: 32746 Country: Seminole	Zip: 32746 Country: Seminole

4. FEI Number: 04-3719707 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, KEVIN
310 WEST CENTRAL PARKWAY STE 7500
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name: Williams, Kevin
Street Address (P.O. Box Number is Not Acceptable): 388 Gilston Court
City: Heathrow FL Zip Code: 32746

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: K C Will 03/05/04
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, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILLIAMS, KEVIN 101 HOLLOW BRANCH ROAD APOPKA, FL 32703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D.P. Williams, Kevin 388 Gilston Court Heathrow, FL 32746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HORNER, LARRY W 337 RINGWOOD CIRCLE WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THORNTON, ROBERT S M.D. 901 BONITA DR WINTER PARK, FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTHERINE, DENISE PO BOX 525 WINDERMERE, FL 34786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: K C Will Kevin C. Williams 03/05/04 (407) 497-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #