

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049712

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: COMMUNITY SLEEP DISORDERS CENTERS OF AMERICA INC.

**Current Principal Place of Business:**

388 GILSTON COURT  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

388 GILSTON COURT  
HEATHROW, FL 32746

**New Mailing Address:**

FEI Number: 04-3719707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, KEVIN  
388 GILSTON COURT  
HEATHROW, FL 32746 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WILLIAMS, KEVIN  
Address: 388 GILSTON COURT  
City-St-Zip: HEATHROW, FL 32746

Title: DV (X) Delete  
Name: HORNER, LARRY W  
Address: 337 RINGWOOD CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete  
Name: THORNTON, ROBERT S M.D.  
Address: 901 BONITA DR  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: GUTHERINE, DENISE  
Address: PO BOX 525  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: GUTHERINE, DENISE  
Address: PO BOX 525  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN WILLIAMS

DP

04/27/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date