

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049712

FILED
May 01, 2008
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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KEVIN WILLIAMS

CEO

05/01/2008

Electronic Signature of Signing Officer or Director

Date