

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000076077**

1. Entity Name
SLEEP MEDICINE CENTER AT GAINESVILLE INC.
THE SLEEP MEDICINE CENTER INC.

Principal Place of Business
908 N.W. 57TH STREET
SUITE C
GAINESVILLE FL 32605

Mailing Address
1307 RIVER HILLS CIRCLE
SUITE 6
JACKSONVILLE FL 32211



2. Principal Place of Business

4130 Salisbury Rd.
Suite, Apt. #, etc.
2600

3. Mailing Address

7835 Chase Meadows Dr.
Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

FL

Zip
32216

Country
DUVAL

Zip
32256

Country
DUVAL

6. Name and Address of Current Registered Agent

ZACHARY, MIKE
1307 RIVER HILLS CIRCLE
SUITE 6
JACKSONVILLE FL 32211

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ZACHARY, HUBERT M
1307 RIVER HILLS CIRCLE #6
JACKSONVILLE FL 32211

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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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: *M. Zachary H. M. Zachary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 904 281-1066
Date Daytime Phone #

APPROVAL
9/8/2003-90141-024-\$550.00-\$550.00

FILLED

03 SEP 22 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

02/200 AV

CR2E034 (10/02)