

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

APPROVED
FILED

03 SEP 22 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Zip
32216
Country
DUVAL
City & State
JACKSONVILLE
Zip
32256
Country
DUVAL

4. FEI Number
61-1419277
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ZACHARY, MIKE
1307 RIVER HILLS CIRCLE
SUITE 6
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
7835 CHASE MEADOWS DR.
City *JACKSONVILLE* FL Zip Code *32256*

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (10/02)