

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083655

FILED
Apr 30, 2004
Secretary of State

Entity Name: FLORIDA SLEEP DIAGNOSTIC CENTERS, INC.

Current Principal Place of Business:

7745 NW 146TH STREET
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

11860 STATE ROAD 84
SUITE 11B
DAVIE, FL 33325

New Mailing Address:

FEI Number: 16-1621705 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRYAN, MITSY
11860 STATE ROAD 84
SUITE 11B
DAVIE, FL 33325 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: P () Delete
Name: BRYAN, MITSY
Address: 331 LAKE CREST CT
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MITSY BRYAN

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date