

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000083655

FILED  
May 11, 2005  
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

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: 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 ANGLIN

PRES

05/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date