


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90187 042 \*\*\*150.00

<b>DOCUMENT # P03000013961</b>	
<b>1. Entity Name</b> H.C.D. SLEEP DISORDERS CENTER, INC.	

<b>Principal Place of Business</b> 610 HWY 92 AUBURNDALE FL 33823	<b>Mailing Address</b> 610 HWY 92 AUBURNDALE FL 33823
---	---

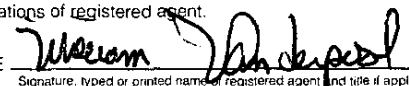
<b>2. Principal Place of Business</b> 3017 Lakeland Highlands Rd Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 950 Suite, Apt. #, etc.
--	--

<b>City &amp; State</b> Lakeland, FL	<b>City &amp; State</b> Auburndale FL
<b>Zip</b> 33803	<b>Country</b> USA
<b>Zip</b> 33823	<b>Country</b> USA

<b>6. Name and Address of Current Registered Agent</b> HALLOCK, DAVID D JR ONE LAKE MORTON DRIVE LAKELAND FL 33801	
---	--

<b>4. FEI Number</b> 141873137	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

<b>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.</b>	
<b>SIGNATURE</b> 	<b>DATE</b> 4-29-04

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> VANDERPOOL, WILLIAM M		<b>NAME</b> Vanderpool, William	
<b>STREET ADDRESS</b> 610 HWY 92		<b>STREET ADDRESS</b> 4898 Lake Julian Reserve	
<b>CITY-ST-ZIP</b> AUBURNDALE FL 33823		<b>CITY-ST-ZIP</b> Auburndale FL 33823	
<b>TITLE</b> D	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> VANDERPOOL, KIMBERLY		<b>NAME</b>	
<b>STREET ADDRESS</b> 610 HWY 92		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> AUBURNDALE FL 33823		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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.**

<b>SIGNATURE:</b> 	<b>DATE</b>	<b>Daytime Phone #</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		