
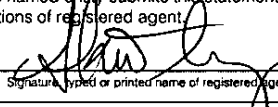
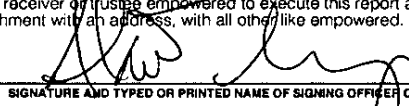


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90045 025 ***150.00

DOCUMENT # P03000077128 1. Entity Name CENTRAL FLORIDA PEDIATRIC SLEEP DISORDERS INSTITUTE, P.A.																																			
Principal Place of Business 615 PRINCETON ST.. SUITE 310 ORLANDO, FL 32803		Mailing Address 615 PRINCETON ST.. SUITE 310 ORLANDO, FL 32803																																	
2. Principal Place of Business 615 E. Princeton St Suite, Apt., etc. Suite 310 City & State Orlando, FL Zip 32803		3. Mailing Address 615 E. Princeton St, Suite 310 Suite, Apt., etc. Suite 310 City & State Orlando, FL 32803 Zip 32803																																	
4. FEI Number 06-1703177		Chg-P CR2E034 (10/03)																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Ajayi, Akinyemi M.D. Street Address (P.O. Box Number is Not Acceptable) 615 E Princeton St, Suite 310 City Orlando																																	
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  AKINYEMI AJAYI, President <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE 3-25-05																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD AJAYI, AKINYEMI M.D. 1407 NOTTINGHAM ST. ORLANDO, FL 32803 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AJAYI, AKINYEMI M.D. 1407 NOTTINGHAM ST. ORLANDO, FL 32803 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PRES. AJAYI, AKINYEMI M.D. 615 E Princeton St, Suite 310 Orlando, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. AJAYI, AKINYEMI M.D. 615 E Princeton St, Suite 310 Orlando, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  AKINYEMI AJAYI President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3-25-05																																	
Daytime Phone # 407-898-2767																																			

50032392

