2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077128

FILED Apr 30, 2009 Secretary of State

Entity Name: CENTRAL FLORIDA PEDIATRIC SLEEP DISORDERS INSTITUTE, P.A.

Current Principal Place of Business: New Principal Place of Business:

615 PRINCETON ST., SUITE 310 2660 WEST FAIRBANKS AVENUE

ORLANDO, FL 32803 WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

615 PRINCETON ST., SUITE 310 2660 WEST FAIRBANKS AVENUE

ORLANDO, FL 32803 WINTER PARK, FL 32789

FEI Number: 06-1703177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AKINYEMI, AJAYI MD 615 E PRINCETON ST SUITE 310

ORLANDO, FL 32803 US

AKINYEMI, AJAYI MD P.O BOX 540326 ORLANDO, FL 32854 US

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: 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

AJAYI, AKINYEMI M.D. AJAYI, AKINYEMI M.D. Name: Name:

615 E PRINCETON ST STE 310 Address: 2660 WEST FAIRBANKS AVENUE Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: AKINYEMI AJAYI 04/30/2009 DR

Electronic Signature of Signing Officer or Director

Date