

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000087154



1. Entity Name
FLORIDA SCHOOL OF SLEEP MEDICINE AND
TECHNOLOGY, INC.

Principal Place of Business
402 NOLAND DRIVE
BRANDON, FL 33511

Mailing Address
402 NOLAND DRIVE
BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

FILED
Apr 24, 2006 08:00 AM
Secretary of State



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2385276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ACKERMAN, IVAN F
402 NOLAND DRIVE
BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

1000000526516

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

05/04/06-80077-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ACKERMAN, IVAN F
STREET ADDRESS	402 NOLAND DRIVE
CITY-ST-ZIP	BRANDON, FL 33511

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 another like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/06 (813) 655-9000
Date Daytime Phone #