

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153614

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** ADVANCED DIAGNOSTIC CENTER FOR SLEEP DISORDERS, INC.

**Current Principal Place of Business:**

12008 SOUTHSORE BLVD  
SUITE 112  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

12008 SOUTHSORE BLVD  
SUITE 112  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 20-0498684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUREVICH, OLEG  
12008 SOUTHSORE BLVD  
SUITE 112  
WELLINGTON, FL 33414 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PINSKY, SABINA  
Address: 840 NORTH CROFT AVE, UNIT 102  
City-St-Zip: LOS ANGELES, CA 90069

Title: VP ( ) Delete  
Name: NASOVITSKAYA, TATYANA  
Address: 301 SOUTH REXFORD DR., APT 5  
City-St-Zip: BEVERLY HILLS, CA 90212

Title: TR ( ) Delete  
Name: GUREVICH, OLEG  
Address: 7701 BAY PKWY, APT 6A  
City-St-Zip: BROOKLYN, NY 11214

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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:** OLEG GUREVICH

**OFF.**

**04/30/2006**

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

\_\_\_\_\_  
Date