

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153614

FILED  
Jan 07, 2011  
Secretary of State

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

**Current Principal Place of Business:**

7310 W. MCNAB RD., STE 105  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7310 W. MCNAB RD., STE 105  
TAMARAC, FL 33321 US

**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:**

SALAZAR, EDWARD  
9100 NW 32 STREET  
CORAL SPRINGS, FL 33065 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SALAZAR, EDWARD  
Address: 9100 NW 32 STREET  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VP  
Name: SCHULTZ, DENISE  
Address: 303 HIBISCUS DRIVE  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby 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 all other like empowered.

SIGNATURE: EDWARD SALAZAR

P

01/07/2011

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

\_\_\_\_\_  
Date