2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000095540

1. Entity Name
FLAGLER DIAGNOSTIC & SLEEPING DISORDER, INC

Principal Place of Business	Mailing Address
4721 E.MOODY BLVD SUITS 102,103,104 BUNNELL, FL 32110 US	4721 E.MOODY BLVD, BLDG 1 104 BUNNELL, FL 32110 US

DO NOT WRITE IN THIS SPACE

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
86-1109360
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHEBERKO, OLEG
4721 E.MOODY BLVD
SUITE 102
BUNNELL,, FL 32110

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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: Oleg Cheberko 04/14/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHEBERKO, OLEG
STREET ADDRESS	4721 E. MOODY BLVD
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	V
NAME	ARKADIY, KHAYULA
STREET ADDRESS	130 OCEANA DRIVE WEST, PH1
CITY-ST-ZIP	BROOKLYN, NY 11235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80035-001 150.00

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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 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: Oleg Cheberko 04/14/06 386-5861229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #